	А	В	С	D	Е	F	G	Н	I	J
1	MEDICAL	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Sched	ule 7/1/10; rev 8/1/10; rev 10/5/10; rev 1	1/3/10· rev 12/1	 0• rev 1/1/1	11. REV 1/	1/13				
١	T ce benea					1,10				
4	Dod indice	ates new codes or changes for the most								
5		ed for rentals as indicated on the fee sch								
6		rance of a code on this fee schedule does		coverage.						
7		ty limit is exceeded, a CMN & PA are re								
8		t regulation, any item \$500 or over requ								
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
										Coverage will be
										through
										pharmacy for
										diagnosis codes
			Y/ 12 months		per					related to
		Syringe w/needle, sterile, 1 cc or less,	if PA	YES >	calendar					diabetes, other dx
10	A4206	each	required	125	month	NO			\$0.31	through DME
			Y/ 12 months		per					
			if PA		calendar					
11	A4207	Syringe with needle; sterile 2cc, each	required	YES > 10	month	NO			\$0.31	
			Y/ 12 months		per					
, ,			if PA	**************************************	calendar				** - ·	
12	A4208	Syringe with needle; sterile 3cc, each	required Y/ 12 months	YES > 10	month	NO			\$0.31	
			if PA		per calendar					
12	A4209	Syringa with pandles sterile 5ee each		YES >10		NO			\$0.31	
13	A4209	Syringe with needle; sterile 5cc each	required	1E3 >10	month	NO			\$0.31	
										remains a
										covered service
14	A4210	Needle-free injection device, each		NO		NO			\$36.67	through DME
	111210	r toosio moo mjoodon de vice, eden		110	l	110	1		Ψ50.07	anough Divid

	Α	В	С	D	Е	F	G	Н	I	J
1	MEDICAL	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedu	ale 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	/3/10; rev 12/1	10; rev 1/1/1	11; REV 1/	1/13				
		, , , , , , , , , , , , , , , , , , , ,								
4	Red indicat	tes new codes or changes for the most o	•							
		ed for rentals as indicated on the fee scho								
6		rance of a code on this fee schedule does		coverage.						
7	If a quantit	ty limit is exceeded, a CMN & PA are re	quired.							
8	By current	regulation, any item \$500 or over requi								
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
	TT CD CC		purchase or	CMN	- • • ·		CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
		Supplies for self-administered injections-								added to fee
15	A4211	pen needles	Y/12 months	YES		NO			M	schedule 2/14/08
16	A4213	Syringe, sterile, 20cc or greater, each	1/12 months	NO		NO			\$1.67	
17	A4215	Sterile needle only, any size, each		NO		NO			\$0.97	
18	A4217	Sterile water/saline, 500 ml		NO		NO			\$2.13	
		Sterile Saline or H2O metered dose								
19	A4218	dispenser 10 ml	Y/12 months	YES		NO			M	
20	A4220	Defil hit for implentable infusion numn	Y/12 months	YES		NO			M	
20	A4220	Refill kit for implantable infusion pump	1/12 monus	IES		NO			IVI	
		Supplies for maintenance of drug								
21	A4221	infusion catheter per week, drug separate		NO		NO			\$21.65	
		, , , , , , , , , , , , , , , , , , , ,								
		Supplies for external drug infusion pump								rate set
22	A4222	per cassette or bag, drug separate		NO		NO			\$44.70	01/01/2007
		Infusion supplies not used with ext.								rate set
23	A4223	infusion pump, per cassette or bag		NO		NO			\$4.83	01/01/2007
					16 per					rate set
l		Infusion set for external insulin pump,	YES if PA		calendar					01/01/2007; qty
_24	A4230	non needle cannula type each	required	YES>	month	NO			\$11.55	limit eff. 5/1/09

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2										
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		, , ,								
4	Red indica	ites new codes or changes for the most of								
		ed for rentals as indicated on the fee sch								
6		rance of a code on this fee schedule does		coverage.						
7	If a quanti	ty limit is exceeded, a CMN & PA are re	equired.							
8	By current	t regulation, any item \$500 or over requi								
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
					16 per					rate set
		Infusion set for external insulin pump,	YES if PA		calendar					01/01/2007; qty
25	A4231	needle type each	required	YES>	month	NO			\$7.33	limit eff. 5/1/09
		Syringe with needle for external insulin		270		110			\$2.74	
26	A4232	pump, sterile 3cc		NO		NO			\$2.54	rate set
										08/01/2007; new
		Replacement battery, other than J cell								rate to begin
27	A4233	home glucose mon. each		NO		NO			\$0.72	DOS 4/1/09
<u> </u>	111233	Replacement battery, J cell, home		110		110			Ψ0.72	rate set
28	A4234	glucose mon. each		NO		NO			\$3.27	08/01/2007
		Replacement battery, lithium, home							•	rate set
29	A4235	glucose mon. each		NO		NO			\$2.11	08/01/2007
		Replacement battery, silver oxide, home								rate set
30	A4236	glucose mon., each		NO		NO			\$1.50	08/01/2007
										Coverage will be
			Y/ 12 months		per					through
		Urine test or reagent strips or tablets 100		YES >	calendar					pharmacy
31	A4250	tablets or strips=1 unit	required	2unit	month	NO			\$15.00	10/5/10 and after

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					,					
4	Red indica	tes new codes or changes for the most	c							
		d for rentals as indicated on the fee sch								
6		rance of a code on this fee schedule does		coverage.						
7	If a quantit	ty limit is exceeded, a CMN & PA are re	equired.							
8	By current	regulation, any item \$500 or over requi								
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
	TTGDGG	D 1.4	purchase or	CMN	T	D 4 I	CMN	D (1D)	Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
										Coverage will be
										through
										pharmacy
32	A4252	Blood ketone test or reagent strip, each	Y/12 months	YES		NO			M	10/5/10 and after
										Coverage will be
			Y/ 12 months		per					through
l		Blood glucose test or reag. strips blood	if PA	YES> 4	calendar					pharmacy
33	A4253	glucose monitor, 50 strips=1unit	required	unit	month	NO			\$35.76	10/5/10 and after
										Coverage will be
										through
		Normal, low and high calibrator								pharmacy
34	A4256	solution/chips		NO		NO			\$10.52	10/5/10 and after
	1								+ - 310 2	
										Coverage will be
										through
										pharmacy
35	A4258	Spring-powered device for lancet, each		NO		NO			\$17.26	10/5/10 and after

	А	В	С	D	Е	F	G	Н	I	J
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2										
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		, , , , , , , , , , , , , , , , , , , ,								
4	Red indica	tes new codes or changes for the most of								
		ed for rentals as indicated on the fee sch								
6		rance of a code on this fee schedule does		coverage.						
7		ty limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requi	res a PA.							
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
										~
										Coverage will be
			Y/ 12 months		per					through
		Lancets per box of 100 1 unit=100	if PA	YES> 2	calendar				***	pharmacy
36	A4259	lancets	required	unit	month	NO				10/5/10 and after
37	A4261	Cervical Cap Contraceptive		NO		NO			\$1.39	
38	A4265	Paraffin		NO		NO			\$3.24	
		Adhesive skin support attachment for								
39	A4280	use with external breast prosthesis, each		NO		NO			\$4.76	
		IV delivery system disposable 50 ml or				-,0			470	
40	A4305	greater per hour	Y/12 months	YES		NO			M	
		IV delivery system disposable 5 ml or								
41	A4306	less per hour	Y/12 months	YES		NO			M	
			Y/ 12 months		per					
			if PA		calendar					
42	A4310	Insert tray w/o bag/cath	required	YES > 1	month	NO			\$6.48	
			Y/ 12 months		per					
		Insertion tray w/o bag, with indwelling	if PA		calendar					
43	A4311	catheter, foley type, 2-way latex	required	YES> 1	month	NO			\$14.16	
44	A4312	Cath w/o bag 2-way silicone		NO		NO			\$16.88	

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		, , , , , , , , , , , , , , , , , , , ,			,					
4	Red indica	tes new codes or changes for the most of								
		ed for rentals as indicated on the fee scho								
		rance of a code on this fee schedule does		coverage.						
	•	ty limit is exceeded, a CMN & PA are re								
		regulation, any item \$500 or over requi								
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
		With indwelling catheter, foley type, 3-								
	A4313	way for continuous irrigation		NO		NO			\$17.67	
46	A4314	Cath w/drainage 2-way latex		NO		NO			\$24.12	
47	A4315	Cath w/drainage 2-way silicone		NO		NO			\$25.17	
48	A4316	Cath w/drainage 3-way		NO		NO			\$27.09	
			Y/ 12 months		per					
			if PA		calendar					
49	A4320	Irrigation tray	required	YES > 9	month	NO			\$5.08	
			Y/ 12 months		per					
			if PA	TIEG 0	calendar	110			\$2.07	
50	A4322	Irrigation syringe, bulb or piston, each Male external catheter w/integral	required	YES >9	month	NO			\$2.85	
		collection chamber, any type each, made	Y/ 12 months		202					
		of rubber or plastice, designed to be	if PA		per calendar					
51	A4326	washed & reused.		YES>2	month	NO			\$10.29	
	A4326 A4327	Fem urinary collect dev cup	required	NO NO	monun	NO			\$10.29 \$42.56	
	A4328	Fem urinary collect dev cup Fem urinary collect pouch		NO		NO			\$9.87	
54	A4328 A4330	Stool collection pouch		NO		NO			\$6.82	
├ ──	117330	External drainage tubing for urinary leg		110		110			ψ0.62	
55	A4331	bag or urostomy, each		NO		NO			\$3.04	

	А	В	С	D	Е	F	G	Н	I	J
1	MEDICAI	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedi	ule 7/1/10; rev 8/1/10; rev 10/5/10; rev 1	1/3/10: rev 12/1	0: rev 1/1/1	11: REV 1/	1/13				
٣	T ce penear				1, 1, 1,	1,10				
	D . 1 ! 1!	4								
		tes new codes or changes for the most of the detection of the fee school of the fee								
6		rance of a code on this fee schedule does		Anvorage						
7		ty limit is exceeded, a CMN & PA are re		coverage.						
8		t regulation, any item \$500 or over requi								
۳	by current	regulation, any item \$500 or over requi	CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental		Rental Price	Price	date updated
		Lubricant, individual sterile, for		-			-			1
56	A4332	insertion of urinary catheter, each		NO		NO			\$0.12	
		Urinary catheter anchoring device,								
57	A4333	adhesive skin attachment, each		NO		NO			\$2.10	
		Urinary catheter anchoring device, leg								
58	A4334	strap, each		NO		NO			\$4.71	
			Y/ 12 months		per					
		Indwelling catheter foley type, two-way	if PA		calendar					07/02/2007 limit
59	A4338	latex with coating, each	required	YES >31	month	NO			\$11.70	change
	l	Indwelling catheter, specialty type;								
60	A4340	coude, mushroom, wing, etc, each	X/10 4	NO		NO			\$26.07	
			Y/ 12 months		per					07/02/2007 1
		Catheter indwelling, foley type, 2 way,	if PA	AVEC 21	calendar	NO			4.5.2 0	07/02/2007 limit
61	A4344	all silicone, each	required	YES>31	month	NO			\$15.28	change
	1 1216	Catheter indwelling, foley type, 3 way,		NO		NO			φ10.c0	
62	A4346	for continuous irrigation, each Male ext. catheter w or w/o adhesive,		NO		NO			\$18.69	
62	A 4240			NO		NO			¢2.02	
63	A4349	disposable, each Intermittent urinary straight tip urine		NO		NO			\$2.02	
64	A4351	catheter, with or without coating		NO		NO			\$1.47	
04	Λ+331	canicio, with or without coating		NO		NO			φ1.47	

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4		tes new codes or changes for the most of								
5		ed for rentals as indicated on the fee scho								
6		rance of a code on this fee schedule does		coverage.						
7		ty limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requi								
			CMN	Purchase			Rental			
			expiration date for	Purchase PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental		Rental Price	Price	date updated
٣	incres	Intermittent urinary catheter, Coude tip,	TCIItai	required	Limits	Kentai	required	Rental Tree	THE	uaic upuaicu
65	A4352	with or without coating		NO		NO			\$5.20	
"	11.002	Will of Williams County	Y/12 months	110	per	110			Ψε.Ξο	
		Intermittent urinary cath sterile	if PA		calendar					04/02/2007 limit
66	A4353	catheterization kit	required	YES>124	month	NO			\$6.67	change
		Insertion tray with drainage bag but								
67	A4354	without catheter		NO		NO			\$11.25	
07	A+33+	without catheter		110		110			Ψ11.23	
		Bladder irrigation tubing set through a								
68	A4355	three-way indwelling foley catheter, each		NO		NO			\$8.50	
		, , , , , , , , , , , , , , , , , , , ,	Y/ 12 months							
			if PA							
69	A4356	Ext ureth clmp or compr dvc	required	YES > 4	4 per year	NO			\$43.52	
			Y/ 12 months		per					
			if PA		calendar					
70	A4357	Bedside drainage bag	required	YES > 1	month	NO			\$7.86	
		Urinary drainage bag, leg or abdomen,								
	1 4250	vinyl with or without tube with straps,		NO		NO			45.30	
	A4358	each		NO		NO			\$5.39	
72	A4359	Urinary suspensory w/o leg bag							CMS DC 1/07	1/2/2007

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2										
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4	Red indica	tes new codes or changes for the most of	2							
		ed for rentals as indicated on the fee sch								
6	The appear	rance of a code on this fee schedule does	not guarantee	coverage.						
		ty limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requi								
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
	~~		purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
			Y/ 12 months if PA							
73	A4361	Ostomy foco ploto	required	YES> 6	6 per year	NO				rate change 8/1/2007
13	A4301	Ostomy face plate	Y/ 12 months	1E3>0	per	NO			\$18.57	8/1/2007
			if PA		calendar					rate change
74	A4362	Solid skin barrier	required	YES > 20	month	NO				8/1/2007
			1						72727	rate change
75	A4363	Ostomy clamp, any type, each		NO		NO			\$2.01	8/1/2007
		Adhesive, liquid or equal, any type, per								rate change
76	A4364	ounce		NO		NO			\$2.93	8/1/2007
			Y/12 months		per					
			if PA		calendar					rate change
77	A4366	Ostomy vent, any type, each	required	YES>1	month	NO			\$1.30	8/1/2007
			Y/12 months		per					
70	A 4267	Out on the b	if PA	VEC: 1	calendar	NO				rate change
78	A4367	Ostomy belt	required	YES> 1	month	NO			\$7.35	8/1/2007
79	A4368	Ostomy filter		NO		NO			\$0.26	rate change 8/1/2007
	1	,							÷ 3.20	rate change
80	A4369	Skin barrier liquid per oz		NO		NO			\$2.42	8/1/2007

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		tes new codes or changes for the most of								
		d for rentals as indicated on the fee sch								
6		rance of a code on this fee schedule does		coverage.						
	_	ty limit is exceeded, a CMN & PA are re	1							
8	By current	regulation, any item \$500 or over requi								
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&		D	
	HCPCS	Description	purchase or	CMN	T :!4.	Damtal	CMN	Dantal Drian	Purchase Price	do40do40.d
9	HCPCS	Description	rental	required	Limits	Rental	requirea	Rental Price	Price	date updated rate change
81	A4371	Skin barrier powder per oz		NO		NO			\$3.65	8/1/2007
01	A+3/1	Skiii barrier powder per oz		110		110			ψ3.03	rate change
82	A4372	Ostomy Skin barrier solid 4x4 equiv		NO		NO			\$4.18	8/1/2007
		1								rate change
83	A4373	Skin barrier with flange		NO		NO			\$6.28	8/1/2007
										rate change
84	A4375	Drainable plastic pch w fcpl		NO		NO				8/1/2007
										rate change
85	A4376	Drainable rubber pch w fcplt		NO		NO			\$47.58	8/1/2007
				NO		NO			#4.20	rate change
86	A4377	Drainable plstic pch w/o fp		NO		NO			\$4.29	8/1/2007
87	A4378	Drainable rubber neb w/o fn		NO		NO			\$20.75	rate change 8/1/2007
01	A43/8	Drainable rubber pch w/o fp		INU		NU			\$30.73	rate change
88	A4379	Urinary plastic pouch w fcpl		NO		NO			\$15.02	8/1/2007
	117317	ormary prustic pouch w repr		110		110			Ψ13.02	rate change
89	A4380	Urinary plastic pouch w/o fp		NO		NO			\$37.33	8/1/2007
		Ostomy pouch, urinary, for use on							*	rate change
90	A4381	faceplate, plastic, each		NO		NO			\$4.61	8/1/2007

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		tes new codes or changes for the most of								
		ed for rentals as indicated on the fee sch								
6		rance of a code on this fee schedule does		coverage.						
		ty limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requi								
			CMN	D			D4-1			
			expiration date for	Purchase PA &			Rental PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental		Rental Price	Purchase Price	date updated
-	i i	Description	Tentai	requireu	Limits	Kentai	requireu	Rental Fice	Tite	rate change
91	A4382	Urinary hvy plstc pch w/o fp		NO		NO			\$24.62	8/1/2007
<u> </u>	111302	ermary my piste pen we ip		110		110			Ψ21.02	rate change
92	A4383	Urinary rubber pouch w/o fp		NO		NO			\$28.19	8/1/2007
										rate change
93	A4384	Ostomy faceplt/silicone ring		NO		NO			\$9.62	8/1/2007
										rate change
94	A4385	Ost skn barrier sld ext wear		NO		NO				8/1/2007
										rate change
95	A4387	Ost clsd pouch w att st barr		NO		NO			\$3.83	8/1/2007
	4.4200			NO		NO			0.1.2.	rate change
96	A4388	Drainable pch w ex wear barr		NO		NO			\$4.36	8/1/2007
97	A4389	Drainable neb west weer berr		NO		NO			¢ <i>e</i> 22	rate change 8/1/2007
91	A4309	Drainable pch w st wear barr		INU		NU			\$0.22	rate change
98	A4390	Drainable pch ex wear convex		NO		NO			\$9.61	8/1/2007
	117370	Diamadic pen ex wear convex		110		110			Ψ2.01	rate change
99	A4391	Urinary pouch w ex wear barr		NO		NO			\$7.07	8/1/2007
									•	rate change
100	A4392	Urinary pouch w st wear barr		NO		NO			\$8.18	8/1/2007

	А	В	С	D	Е	F	G	Н	l	J
1	MEDICAL	ID PROGRAM DME FEE SCHEDULE								
2										
	E C . L J	-1. 5/1/10 0/1/10 10/5/10 11	/2/10 12/1	Δ 1/1/	11. DEX 1/1	1/12				
3	r ee Schea	ule 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	1/3/10; rev 12/1	to; rev 1/1/.	11; KEV 1/1	1/13				
		ntes new codes or changes for the most of								
		ed for rentals as indicated on the fee sch								
6		rance of a code on this fee schedule does		coverage.						
7		ity limit is exceeded, a CMN & PA are re								
8	By curren	t regulation, any item \$500 or over requi								
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
										rate change
101	A4393	Urine pch w ex wear bar conv		NO		NO			\$9.04	8/1/2007
		Ostomy pouch liq deodorant w/wo								rate change
	A4394	lubricant		NO		NO				8/1/2007
103	A4395	Ostomy pouch solid deodorant		NO		NO			\$0.05	
		Ostomy belt with peristomal hernia								rate change
104	A4396	support		NO		NO			\$40.48	8/1/2007
			Y/ 12 months		per					
			if PA		calendar					rate change
105	A4397	Irrigation supply sleeve	required	YES > 4	month	NO			\$4.07	8/1/2007
			Y/ 12 months							
			if PA							rate change
106	A4398	Ostomy irrigation bag	required	YES > 4	4 per year	NO			\$12.56	8/1/2007
			Y/ 12 months							
l .			if PA							rate change
107	A4399	Ostomy irrig cone/cath w brs	required	YES > 4		NO			\$10.93	8/1/2007
			Y/ 12 months		per					
			if PA		calendar					rate change
108	A4400	Ostomy irrigation set	required	YES > 1	month	NO			\$46.76	8/1/2007

	А	В	С	D	Е	F	G	Н	I	J
1	MEDICAL	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedu	de 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	/3/10· rev 12/1	10· rev 1/1/1	1. REV 1/	1/13				
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4	Dod indicas	tes new codes or changes for the most o								
		d for rentals as indicated on the fee sche								
6		cance of a code on this fee schedule does		coverage						
7		ty limit is exceeded, a CMN & PA are re		coverage.						
		regulation, any item \$500 or over requi								
<u> </u>	25 00110110		CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
										rate change
										8/1/2007 limit of
			Y/12 months		per					4 oz. per calendar
			if PA		calendar					month corrected
109	A4402	Lubricant price is per oz. 1 oz.=1 unit	required	YES>4 oz	month	NO			\$1.36	2/6/08
			Y/ 12 months		per					
			if PA		calendar					rate change
110	A4404		required	YES > 10	month	NO			\$1.49	8/1/2007
سا	4.405	Ostomy skin barrier, non-pectin based,		NO		NO			Φ2.40	rate change
111	A4405	paste, per oz		NO		NO			\$3.40	8/1/2007
112	A4406	Ostomy skin barrier, pectin based, per oz		NO		NO			¢	rate change 8/1/2007
112	A4400	Ostomy skin barrier, pecun based, per oz Ostomy skin barrier, with fl, extend		NU		NO			\$3.74	rate change
113	A4407	wear, built in convexity, 4x4 or <		NO		NO			\$8.76	8/1/2007
H-13	1170/	Ostomy skin barrier, with fl, extend		110		110			ψ3.70	rate change
114	A4408	wear, built in convexity, 4x4 or >		NO		NO			\$9.87	8/1/2007
		, , , , , , , , , , , , , , , , , , , ,							+>101	rate change
115	A4409	Ostomy skin barrier with flange		NO		NO			\$6.22	8/1/2007
		Ostomy skin barrier, with fl, ex wear,								rate change
116	A4410	without built in convexity, >4x4 ea		NO		NO			\$9.04	8/1/2007

	A	В	С	D	Е	F	G	Н	I	J
1	MEDICAI	D PROGRAM DME FEE SCHEDULE								
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3	ree Scheat	ıle 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	1/3/10; rev 12/1	lu; rev 1/1/1	11; KEV 1/	1/13				
		tes new codes or changes for the most of								
		ed for rentals as indicated on the fee sch								
6		rance of a code on this fee schedule does		coverage.						
7		ty limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requi								
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
	TT GD GG	5	purchase or	CMN	- • • ·		CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
1447	A 4 4 1 1	Ostomy skin barrier, solid 4x4 or eq. ext.		NO		NO			Φ 7.1 0	rate change
117	A4411	wear, built in convexity, each		NO		NO			\$5.10	8/1/2007
110	A4412	Ostomy pouch, drainable, high otpt, use on barrier w/ o filter each		NO		NO			\$2.70	rate change 8/1/2007
110	A4412	Ostomy pouch, drainable, high otpt, use		NO		NO			\$2.70	8/1/2007
110	A4413	on barrier w/ fl with filter ea		NO		NO			\$5.50	
119	A4413	Ostomy skin barrier, with fl, w/o built in		NO		NO			\$3.30	
120	A4414	convexity 4x4 or <		NO		NO			\$4.93	
120	Аттіт	Ostomy skin barrier, with fl, w/o built in		110		110			ψτ./3	
121	A4415	convexity 4x4 or >		NO		NO			\$6.00	
<u>├</u>	111113	conventey in tory	Y/12 months	110	per	110			Ψ0.00	
		Ostomy pouch, closed, w/barrier att.	if PA		calendar					
122	A4416	W/filter 1 pc. Each	required	YES>60	month	NO			\$2.75	
	1	Ostomy pouch, closed, w/barrier	Y/12 months	.5. 44	per	, -			+=.70	
		att.,w/built-in convexity, w/filter 1 pc,	if PA		calendar					
123	A4417	each	required	YES>60	month	NO			\$3.72	
			Y/12 months		per					
		Ostomy pouch, closed, w/o barrier att.	if PA		calendar					
124	A4418	W/filter 1 pc. Each	required	YES>60	month	NO			\$1.81	

	А	В	С	D	Е	F	G	Н	I	J
1	MEDICAI	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedu	ıle 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	/3/10; rev 12/1	0; rev 1/1/1	11; REV 1/	1/13				
4	Red indica	tes new codes or changes for the most of								
		ed for rentals as indicated on the fee scho								
6	The appear	rance of a code on this fee schedule does	not guarantee	coverage.						
7	If a quanti	ty limit is exceeded, a CMN & PA are re	quired.							
8	By current	regulation, any item \$500 or over requi	res a PA.							
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
			Y/12 months		per					
		Ostomy pouch, closed, use on barrier	if PA		calendar					
125	A4419	w/non-lock flange,w/filter 2pc, each	required	YES>60	month	NO			\$1.74	
			Y/12 months		per					
		Ostomy pouch, closed, use on barrier	if PA		calendar					
126	A4420	with lock flange 2 pc, each	required Y/12 months	YES>60	month	NO			\$1.86	
107	A 4421	Ostanos sonales missallanas son	if PA	VEC		NO			M	
127	A4421	Ostomy supply, miscellaneous	required Y/12 months	YES	nor	NO			M	
		Ostomy pouch closed, 2 pc. Locking	if PA		per calendar					rate change
128	A4423	flange, each	required	YES>60	month	NO				8/1/2007
120	117723	ininge, euch	Y/12 months	1125/00	per	110			Ψ1.00	0/1/2007
		Ostomy pouch, drainable,w/barrier 1 pc,	if PA		calendar					rate change
129	A4424	each	required	YES>60	month	NO			\$4.75	8/1/2007
			Y/12 months		per					
		Ostomy pouch drainable, non-locking	if PA		calendar					rate change
130	A4425	flange 2 pc each	required	YES>60	month	NO			\$3.58	8/1/2007
			Y/12 months		per					
		Ostomy pouch, drainable, with locking	if PA		calendar					rate change
131	A4426	flange, 2 pc. Each	required	YES>60	month	NO			\$2.73	8/1/2007

	А	В	С	D	Е	F	G	Н	I	J
1	MEDICAI	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedu	ıle 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	/3/10; rev 12/1	0; rev 1/1/1	11; REV 1/	1/13				
		, , , , , , , , , , , , , , , , , , , ,								
4	Red indica	tes new codes or changes for the most of								
		ed for rentals as indicated on the fee sch								
6		rance of a code on this fee schedule does		coverage.						
7		If a quantity limit is exceeded, a CMN & PA are required.								
8		regulation, any item \$500 or over requi								
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
]		Y/12 months		per					
		Ostomy pouch, drainable, use on barrier			calendar					rate change
132	A4427	w/locking flange, w/filter 2 pc, each	required	YES>60	month	NO			\$2.78	8/1/2007
			Y/12 months		per					
		Otosmy pouch, urinary, extended wear	if PA		calendar					rate change
133	A4428	faucet type tap, each	required	YES>60	month	NO			\$6.51	8/1/2007
			Y/12 months		per					
		Ostomy pouch, urinary w/convexity,	if PA		calendar					rate change
134	A4429	faucet type tap, each	required	YES>60	month	NO			\$8.25	8/1/2007
			Y/12 months		per					
125	A 4420	ostomy pouch urinary, ext. wear,	if PA	VEC. (0	calendar	NO				rate change
135	A4430	convexity, faucet tap, each	required Y/12 months	YES>60	month	NO			\$8.52	8/1/2007
		ostomy pouch, urinary, w/barrier, faucet	if PA		per calendar					rate change
136	A4431	type tap, w/valve ea.	required	YES>60	month	NO				8/1/2007
130	A4431	type tap, w/varve ea.	Y/12 months	1E3>00	per	NU			\$0.22	0/1/2007
		ostomy pouch, urinary, non-locking	if PA		calendar					rate change
137	A4432	flange, faucet type, ea.	required	YES>60	month	NO			\$3.50	8/1/2007
13/	117734	mange, raucet type, ea.	Y/12 months	1125/00	per	110			ψ3.37	0/1/2007
		ostomy pouch, urinary, w/locking flange,			calendar					rate change
138	A4433	ea.	required	YES>60	month	NO			\$3.34	8/1/2007

	А	В	С	D	Е	F	G	Н	I	J
1	MEDICAL	D PROGRAM DME FEE SCHEDULE								
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3	Fee Sched	ule 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	/3/10· rev 12/1	0· rev 1/1/	11. REV 1/	1/13				
ا	rec belleu	ule 1/1/10, 1ev 0/1/10, 1ev 10/5/10, 1ev 11	13/10, 107 12/1							
4	Dadindia	.tos morn codos ou abourous fou the most o								
		tes new codes or changes for the most c ed for rentals as indicated on the fee sche								
6		rance of a code on this fee schedule does		COVORAGO						
		ty limit is exceeded, a CMN & PA are re		coverage.						
		t regulation, any item \$500 or over requi								
ا ا	by curren	regulation, any item \$200 or over requi	CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
			Y/12 months	_	per		_			_
		ostomy pouch, urinary, w/locking flange,	if PA		calendar					rate change
139	A4434	w/faucet type tap ea.	required	YES>60	month	NO			\$3.76	8/1/2007
		OSTOMÝ POÚCH, DRAINABLE,								
		HIGH OUTPUT, WITH EXTENDED								
		WEAR BARRIER (ONE-PIECE	Y/12 months		per					
		SYSTEM), WITH OR WITHOUT	if PA		calendar					CMS ADDED
	A4435	FILTER, EACH	required	YES>60	month	NO				1/1/13
	A4450	Tape, non-water proof, 18 sq inches		NO		NO			\$0.09	
142	A4452	Tape, water proof, 18 sq inches	X7/10 /1	NO		NO			\$0.36	
			Y/12 months							
142	A 4455	A 11	if PA	MEG. 22		NO			¢1.1 <i>c</i>	
143	A4455	Adhesive remover per ounce	required	YES>32		NO			\$1.16	CMS added
111	A4456	Adhesive remover, wipes, any type, each		NO		NO			\$0.26	1/1/10
	A4465	Non elastic binder for extremity	Y/12 months	YES		NO				11/16/2007
173	11-1-103	Garment, belt, sleeve or other covering,	1/12 monuis	1125		110			1V1	11/10/2007
		elastic or similar stretchable material,								CMS added
146	A4466	any type, each	Y/12 months	YES		NO			М	1/1/10
	A4481	Tracheostoma filter		NO		NO			\$0.37	

	А	В	С	D	Е	F	G	Н	I	J
1	MEDICAI	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedi	ıle 7/1/10; rev 8/1/10; rev 10/5/10; rev 1	1/3/10: rev 12/1	10: rev 1/1/1	11: REV 1/	/1/13				
٣	Tec Beneat	inc 7/1/10, 104 0/1/10, 104 10/5/10, 104 11	1/3/10,107		11, KE V 1/					
١,	D 11 11									
		tes new codes or changes for the most of ed for rentals as indicated on the fee scho								
6		rance of a code on this fee schedule does) covered						
7		ty limit is exceeded, a CMN & PA are re		coverage.						
		regulation, any item \$500 or over requi								
٣	by current	regulation, any item \$500 or over requi	CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
		Moisture exchanger, disposable, for use		•						
		with invasive mechanical ventilation,								added to fee
148	A4483	each	Y/12 months	YES		NO			M	schedule 4/14/08
		Incontinent comment any type coch								
140	A4520	Incontinent garment any type, each NO COVERAGE THROUGH DME								
	A4520 A4556	Electrodes, apnea monitor, per pair		NO		NO			\$9.94	
	A4557	Lead wires, apnea monitor per pair		NO		NO			\$9.94	
131	A4331	Conductive paste or gel for use with		NO		NO			Ψ20.19	
152	A4558	electrical device E.G. tens		NO		NO			\$5.22	
	A4561	Pessary, rubber, any type		NO		NO			\$16.82	
	A4562	Pessary, nonrubber, any type		NO		NO			\$45.57	
	A4565	Slings		NO		NO			\$4.35	
	A4595	TENS suppl 2 lead per month		NO		NO			\$27.56	
		sleeve for intmt. Limb compression								
157	A4600	device, replac. only	Y/12 months	YES		NO			M	1/2/2007
		Lithium ion battery for non-prosthetic								
158	A4601	use, repl. Only	Y/12 months	YES		NO			M	1/2/2007
		tubing with integrated heat use with pos.								01/02/2007 rate
159	A4604	airway pressure device		NO		NO			\$60.13	set

	A	В	С	D	Е	F	G	Н	I	J
1	MEDICAI	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedi	ule 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	1/3/10; rev 12/1	l0; rev 1/1/1	11; REV 1/	1/13				
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4	Red indica	ites new codes or changes for the most of								
		ed for rentals as indicated on the fee sch								
		rance of a code on this fee schedule does		coverage.						
7	If a quanti	ty limit is exceeded, a CMN & PA are re	equired.							
8	By current	t regulation, any item \$500 or over requi	ires a PA.							
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
		Tracheal suction catheter, closed system,								01/02/2007 rate
	A4605	each		NO		NO				change
161	A4606	Oximeter probe replacement		NO		NO			\$27.00	
1,00				270					450 50	rate change per
162	A4608	Transtracheal oxygen catheter, each		NO		NO			\$52.63	CMS
		Heavy duty battery, Ventilator,								
163	A4611	replacement for patient owned		NO		NO			\$174.26	
	A4612	Battery cables		NO		NO			\$65.00	
	A4613	Battery charger		NO		NO			\$137.96	
	A4614	Hand-held PEFR meter		NO		NO			\$22.75	
167	A4618	Breathing circuits		NO		NO			\$8.51	
										rate change per
168	A4619	Face tent		NO		NO			\$1.27	CMS
			Y/ 12 months		per					
			if PA		calendar					
169	A4623	Tracheostomy inner cannula	required	YES>31	month	NO			\$5.31	
			Y/ 12 months		per					
1			if PA		calendar					
170	A4624	Tracheal suction tube	required	YES> 91	month	NO			\$2.14	

MEDICAID PROGRAM DME FEE SCHEDULE	
3 Fee Schedule 7/1/10; rev 8/1/10; rev 10/5/10; rev 11/3/10; rev 12/10; rev 1/1/11; REV 1/1/13 4 Red indicates new codes or changes for the most c 5 PA required for rentals as indicated on the fee schedule. 6 The appearance of a code on this fee schedule does not guarantee coverage. 7 If a quantity limit is exceeded, a CMN & PA are required. 8 By current regulation, any item \$500 or over requires a PA.	
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The appearance of a code on this fee schedule does not guarantee coverage. If a quantity limit is exceeded, a CMN & PA are required. By current regulation, any item \$500 or over requires a PA. CMN expiration date for purchase or CMN purchase or CMN required Limits Fee Calendar required PA calendar	
7 If a quantity limit is exceeded, a CMN & PA are required. 8 By current regulation, any item \$500 or over requires a PA. CMN expiration date for purchase or rental required Limits Rental PA& CMN expiration date for purchase or rental required Limits Rental required Rental Price Price Y/ 12 months if PA required YES>1 month NO \$6.6 Y/ 12 months if PA calendar required YES>2 month NO \$52.5 173 A4626 Tracheostomy cleaning brush required YES>2 month NO \$33.5 174 A4628 Oropharyngeal suction cath	
8 By current regulation, any item \$500 or over requires a PA. CMN expiration date for PA & CMN required Limits Rental PA& CMN required Pa & CMN required Pa &	
CMN expiration date for pA & purchase or purchase or rental required Limits PA calendar required YES>1 month NO \$6.6 171 A4625 Trach care kit for new trach required YES>2 month NO \$2.56 172 A4626 Tracheostomy cleaning brush required YES>2 month NO \$33.0 174 A4628 Oropharyngeal suction cath NO NO \$33.50	
expiration date for purchase or purchase or rental required Limits Rental Price 9 HCPCS Description Purchase or purchase or rental required Limits Rental required Rental Price Y/ 12 months if PA 171 A4625 Trach care kit for new trach Purchase PA & CMN required Limits Rental required Price Y/ 12 months or calendar required PES>1 month NO \$6.6 Y/ 12 months if PA calendar required PES>2 month NO \$2.5 173 A4627 Spacer, bag or reservoir for inhaler 174 A4628 Oropharyngeal suction cath NO NO NO \$33.00 \$33.5	+
date for purchase or rental required Limits Rental required Rental Price Price PA& CMN Purchase PA& CMN Purchase Price Pr	
9HCPCSDescriptionpurchase or rental rentalCMN requiredCMN requiredPurchase Price171A4625Trach care kit for new trachrequired if PAYES>1 requiredmonth yer calendar requiredNO\$6.6172A4626Tracheostomy cleaning brushrequired requiredYES>2 monthmonth yer calendar requiredNONO173A4627Spacer, bag or reservoir for inhalerNONO\$33.50174A4628Oropharyngeal suction cathNONO\$3.55	
9 HCPCS Description rental required Limits Rental required Rental price Price 171 A4625 Trach care kit for new trach required YES> 1 month NO \$6.6 172 A4626 Tracheostomy cleaning brush required YES > 2 month NO \$2.5 173 A4627 Spacer, bag or reservoir for inhaler NO NO \$38.0 174 A4628 Oropharyngeal suction cath NO NO \$3.5	
Y/ 12 months per calendar	date updated
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if PA calendar required YES > 2 month NO \$2.50 173 A4627 Spacer, bag or reservoir for inhaler NO NO \$38.00 174 A4628 Oropharyngeal suction cath NO NO \$38.00	Ĺ
172 A4626 Tracheostomy cleaning brush required YES > 2 month NO \$2.50 173 A4627 Spacer, bag or reservoir for inhaler NO NO \$38.00 174 A4628 Oropharyngeal suction cath NO NO \$3.50	
173A4627Spacer, bag or reservoir for inhalerNONO\$38.0174A4628Oropharyngeal suction cathNONO\$3.5	
174 A4628 Oropharyngeal suction cath NO NO \$3.5	
1 7 5	
175 A4629 Tracheostomy care kit NO NO NO S4.4.	
176 A4630 Repl bat t.e.n.s. own by pt NO NO \$5.9	
177 A4635 Underarm crutch pad NO NO \$4.80	}
	1 6
1470 44626 VI 1 1 1 1 1 1 1 1 1	rate change from
178 A4636 Handgrip for cane etc NO NO \$3.8	1 \$4.02 eff. 3/1/10
	rate change from
179 A4637 Repl tip cane/crutch/walker NO NO \$1.9.	3 \$2.04 eff 3/1/10
180 A4640 Alternating pressure pad NO NO \$60.5	
181 A4649 Surgical Supply, Miscellaneous Y/12 months YES NO NO NO	

	А	В	С	D	Е	F	G	Н	I	J
1	MEDICAL	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedu	ıle 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	/3/10; rev 12/1	0; rev 1/1/1	11; REV 1/	1/13				
4	Red indica	tes new codes or changes for the most of								
		ed for rentals as indicated on the fee scho								
6		rance of a code on this fee schedule does		coverage.						
7		ty limit is exceeded, a CMN & PA are re								
8		regulation, any item \$500 or over requi								
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
			Y/ 12 months		per					
			if PA		calendar					rate set
182	A5051	Pouch clsd w barr attached	required	YES>60	month	NO			\$1.86	08/01/2007
			Y/ 12 months		per					
			if PA		calendar					
183	A5052	Clsd ostomy pouch w/o barr	required	YES > 60	month	NO			\$1.35	
			Y/ 12 months		per					
			if PA		calendar					
184	A5053	Clsd ostomy pouch faceplate	required	YES> 60	month	NO			\$1.41	
			Y/ 12 months		per					
			if PA	**************************************	calendar				- د د	
185	A5054	Clsd ostomy pouch w/flange	required	YES> 60	month	NO			\$1.42	
			Y/ 12 months		per					
100	A 5055	St	if PA	VEG: 21	calendar	NO			ф1 27	
186	A5055	Stoma cap	required Y/ 12 months	YES > 31	month	NO			\$1.37	1/16/09 rate
			if PA		per calendar					
107	A 5061	Dough drainghla w hamian at		VEC > 20		NO			¢2.70	change from
187	A5061	Pouch drainable w barrier at	required Y/ 12 months	YES > 20	month	NO			\$3.70	\$2.58
			if PA		per calendar					
100	A 5062	Dumble actomy mayab yy/a ham		VEC > 20		NO			¢2.12	
188	A5062	Drnble ostomy pouch w/o barr	required	YES >20	month	NO			\$2.12	

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4	Dod indica	ites new codes or changes for the most of								
5		ed for rentals as indicated on the fee sch								
6		rance of a code on this fee schedule does		COVERSOR						
7		ty limit is exceeded, a CMN & PA are re		coverage.						
8		t regulation, any item \$500 or over requi								
Ť	Dy current	regulation, any reem \$200 or over requi	CMN							
			expiration date for purchase or	Purchase PA & CMN			Rental PA& CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental		Rental Price	Price	date updated
Ť	1	2000-400	Y/ 12 months	require	per	11011001	- oquirou			ance aparece
			if PA		calendar					rate change
189	A5063	Drain ostomy pouch w/flange	required	YES > 20	month	NO			\$2.29	02/14/2007
			Y/ 12 months		per					
			if PA		calendar					
190	A5071	urinary pouch w/barrier	required	YES > 20	month	NO			\$4.15	
			Y/ 12 months		per					
			if PA		calendar					
191	A5072	urinary pouch w/o barrier	required	YES > 20	month	NO			\$3.36	
			Y/ 12 months		per					
100	A5073		if PA	VEG > 20	calendar month	NO			¢2.04	
192	A30/3	urinary pouch on barr w/flng	required Y/ 12 months	YES >20	montn per	NO			\$3.04	
			if PA		calendar					
193	A5081	Continent stoma plug	required	YES>31	month	NO			\$2.97	
	11.5001	Condition stonia prag	Y/ 12 months	110/31	per	110			Ψ2.71	
			if PA		calendar					
194	A5082	Continent stoma catheter	required	YES > 1	month	NO			\$9.64	
1.05		Continent device, stoma absorptive							.	eff. DOS 8-1-08
195	A5083	cover for continent device, each		NO		NO			\$0.50	and after.

	Α	В	С	D	Е	F	G	Н	I	J
1	MEDICAI	D PROGRAM DME FEE SCHEDULE								
2										
3	Foo Schod	ule 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	1/2/10. pov 12/1	0. rov 1/1/1	11. DEV 1/	1/13				
-	ree Scheut	me 7/1/10, 1ev 8/1/10, 1ev 10/3/10, 1ev 11		10, 16v 1/1/	11, KE V 1/.	1/13				
١,										
		tes new codes or changes for the most of								
<u>5</u>		ed for rentals as indicated on the fee schorance of a code on this fee schedule does								
7		ty limit is exceeded, a CMN & PA are re		coverage.						
		t regulation, any item \$500 or over requi								
٣	by current	Togulation, any nom-poor or over requi	CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
			Y/ 12 months	_	per					_
			if PA		calendar					
196	A5093	Ostomy accessory convex inse	required	YES > 10	month	NO			\$1.86	
			Y/ 12 months							
l			if PA							
197	A5102	Bedside drain btl w/wo tube	required	YES>4	4 per year	NO			\$21.53	
		i.a								CMC description
100	A5105	urinary suspensory with leg bag w/wo tube each		NO		NO			\$22.00	CMS description chg. 1/08
	A5103 A5112	urinary leg bag		NO		NO			\$33.00	
	A5112 A5113	Latex leg strap		NO		NO			\$3.81	
	110110	Zuten 10g birup	Y/ 12 months	110	per	110			ψ3.01	
			if PA		calendar					
201	A5114	Foam/fabric leg strap	required	YES > 1	month	NO			\$7.24	
										rate change
202	A5120	Skin barrier wipes or swabs, each		NO		NO			\$0.20	01/02/2007
			Y/ 12 months		per					
			if PA		calendar					
203	A5121	Solid skin barrier 6x6	required	YES > 20	month	NO			\$7.12	

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4	Red indica	tes new codes or changes for the most of								
5	PA require	ed for rentals as indicated on the fee sch	edule.							
6	The appea	rance of a code on this fee schedule does	not guarantee	coverage.						
		ty limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requi								
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental Y/ 12 months	required	Limits	Rental	required	Rental Price	Price	date updated
			if PA		per calendar					
204	A5122	Solid skin barrier 8x8	required	YES>20	month	NO			\$12.26	
204	AJ122	Solid Skill Dairiel 8x8	Y/ 12 months	1E3>20	per	NO			\$12.20	
			if PA		calendar					
205	A5126	Disk/foam pad +or- adhesive	required	YES > 10	month	NO			\$1.07	
		r	Y/ 12 months		per					
			if PA		calendar					
	A5131	Appliance cleaner	required	YES > 1	month	NO			\$15.11	
207	A5200	Percutaneous catheter anchor		NO		NO			\$10.78	
										rate change
				Yes>2 per	2 per					08/01/2007; PA
				calendar	calendar					removed eff 8-1-
208	A5500	Diabetic shoe for density insert, per shoe	Y/12 months	year	year	NO			\$55.72	
	A 5501	D. I. C	X7/10 :1	MEG		NO			Φ1 CT 13	rate change
209	A5501	Diabetic custom molded shoe, per shoe	Y/ 12 months	YES		NO			\$167.13	08/01/2007 rate change
				Yes>2 per	2 per					08/01/2007; PA
				calendar	calendar					removed eff 8-1-
210	A5503	Diabetic shoe w/roller/rocker, per shoe	Y/12 months	year	year	NO			\$24.79	

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2										
3	Fee Sched	ule 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	1/3/10: rev 12/1	10: rev 1/1/1	11: REV 1/	1/13				
					,					
4	Red indica	ites new codes or changes for the most of								
5	PA require	ed for rentals as indicated on the fee sch	edule.							
6	The appea	rance of a code on this fee schedule does	not guarantee	coverage.						
7	If a quanti	ty limit is exceeded, a CMN & PA are re	equired.							
8	By current	t regulation, any item \$500 or over requi								
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
_			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
				X 0						rate change
				Yes>2 per	2 per					08/01/2007; PA
244	A5504	District of a sixty of a sixty of a	V/10	calendar	calendar	NO			\$24.70	removed eff 8-1-
211	A5504	Diabetic shoe with wedge, per shoe	Y/12 months	year	year	NO			\$24.79	rate change
				Yes>2 per	2 per					08/01/2007; PA
				calendar	calendar					removed eff 8-1-
212	A5505	Diabetic shoe w/metatarsal bar, per shoe	V/12 months	year	year	NO			\$24.79	
	113303	Brabette shoe w/metatarsar our, per shoe	1/12 months	year	year	110			Ψ21.79	rate change
				Yes>2 per	2 per					08/01/2007; PA
				calendar	calendar					removed eff 8-1-
213	A5506	Diabetic shoe w/offset heel, per shoe	Y/12 months	year	year	NO			\$24.79	10;
					•					rate change
				Yes>2 per	2 per					08/01/2007; PA
				calendar	calendar					removed eff 8-1-
214	A5507	Modification to diabetic shoe	Y/12 months	year	year	NO			\$24.79	10;
		For diabetics only, deluxe feature of off			2 per					
		the shelf depth-inlay or custom-molded			calendar					PA removed eff.
215	A5508	shoe, per shoe	Y/12 months	YES	year	NO			\$32.00	8-1-10

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2										
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<u> </u>	ree scheut	me 7/1/10, 1ev 0/1/10, 1ev 10/3/10, 1ev 11	1/3/10, 1ev 12/1	10, 164 1/1/1	11, KE V 1/	1/13				
١,	D 11 11									
		tes new codes or changes for the most of ed for rentals as indicated on the fee scho								
6		rance of a code on this fee schedule does		coverage						
	•	ty limit is exceeded, a CMN & PA are re		coverage.						
		regulation, any item \$500 or over requi								
	,		CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
		For diabetics only, direct formed,			2 per					
		compression molded, without heat, mul			calendar					PA removed eff.
216	A5510	density insert prefab, per shoe	Y/12 months	YES	year	NO			\$32.00	8-1-10
				Yes>6 per						rate change 08/01/2007; PA
		Diabetic only insert mult. Density direct		calendar	6 per					removed eff 8-1-
217	A5512	formed, each	Y/12 months	year	vear	NO			\$22.73	
217	A3312	Diabetic only insert mult. Density	1/12 months	year	6 per	110			Ψ22.13	10,
218	A5513	custom formed, each	Y/12 months	YES	year	NO			\$32.00	
		Collagen based wound filler, dry form,								
219	A6010	per gram of collagen		NO		NO			\$24.77	
		Collagen based wound filler, gel/paste,								
220	A6011	per gram of collagen		NO		NO			\$1.82	
		Collagen drsg, size 16 sq inches or less,								
221	A6021	each		NO		NO			\$21.02	
	4 6022	Collagen drsg, more than 16 sq in but		NO		NO			#20.05	
222	A6022	less than 48 or equal to 48 inches		NO		NO			\$20.05	
222	A6023	Collagen drsg, more than 48 square inches, each	Y/12 months	YES		NO			\$181.51	
223	A0023	menes, each	1/12 IIIOIIIIS	IES		NO			\$101.51	
224	A6024	Collagen drsg wound filler, per 6 inches		NO		NO			\$5.90	

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<u> </u>	ree scheut	me //1/10, 1ev 0/1/10, 1ev 10/5/10, 1ev 1		10, 164 1/1/1	11, KEV 1/	1/13				
		tes new codes or changes for the most of								
		ed for rentals as indicated on the fee sch								
6	•	rance of a code on this fee schedule does		e coverage.						
		ty limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requi	CMN							
				Purchase			Rental			
			expiration date for	Purchase PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	T imita	Rental		Rental Price	Purchase Price	date updated
	A6154	Wound pouch each	rentai	NO	Limits	NO	required	Rental Price	\$13.71	date updated
	A6196	alginate dressing <=16 sq in, each		NO		NO			\$7.01	
	A6197	alginate drss >16 <=48 sq in, each		NO		NO			\$15.68	
	A6203	Composite drsg <= 16 sq in, each		NO		NO			\$3.19	
	A6204	Composite drsg >16<=48 sq in, each		NO		NO			\$5.1 <i>7</i> \$5.94	
	A6207	Contact layer >16<= 48 sq in, each		NO		NO			\$7.00	
	A6209	Foam drsg <=16 sq in w/o bdr, each		NO		NO			\$7.14	
	A6210	Foam drg >16<=48 sq in w/o b, each		NO		NO			\$19.00	
	A6211	Foam drg > 48 sq in w/o brdr, each		NO		NO			\$28.01	
	A6212	Foam drg <=16 sq in w/border, each		NO		NO			\$9.25	
	A6214	Foam drg > 48 sq in w/border, each		NO		NO			\$9.82	
										07/02/2007 limit
236	A6216	Non-sterile gauze<=16 sq in, each		NO		NO			\$0.05	removed
										added to fee
		Non-sterile gauze>16 sq in <= 48", w/o								schedule March
237	A6217	adhesive border, each		YES		NO			M	09
	A6219	Gauze <= 16 sq in w/border, each		NO		NO			\$0.91	
	A6220	Gauze >16 <=48 sq in w/border, each		NO		NO			\$2.46	
	A6222	Gauze <=16 in no w/sal w/o b, each		NO		NO			\$2.03	
	A6223	Gauze >16<=48 no w/sal w/o b, each		NO		NO			\$2.30	
242	A6224	Gauze > 48 in no w/sal w/o b, each		NO		NO			\$3.44	

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4	Red indica	tes new codes or changes for the most	C							
5		ed for rentals as indicated on the fee sch								
6		rance of a code on this fee schedule does		coverage.						
7		ty limit is exceeded, a CMN & PA are ro								
8		regulation, any item \$500 or over requ								
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
243	A6229	Gauze >16<=48 sq in watr/sal, each		NO		NO			\$3.44	
244	A6231	Gauze, hydrogel, 16 sq in or less, each		NO		NO			\$4.46	
		Gauze, hydrogel, more than 16 but less								
245	A6232	than 48 sq in, each		NO		NO			\$6.57	
		Gauze, hydrogel, more than 48 sq								
	A6233	inches, each		NO		NO			\$18.30	
	A6234	Hydrocolld drg <=16 w/o bdr, each		NO		NO			\$6.24	
	A6235	Hydrocolld drg >16<=48 w/o b, each		NO		NO			\$16.05	
	A6236	Hydrocolld drg > 48 in w/o b, each		NO		NO			\$25.99	
	A6237	Hydrocolld drg <=16 in w/bdr, each		NO		NO			\$7.54	
	A6238	Hydrocolld drg >16<=48 w/bdr, each		NO		NO			\$21.74	
	A6240	Hydrocolld drg filler paste, each		NO		NO			\$11.68	
	A6241	Hydrocolloid drg filler dry, each		NO		NO			\$2.45	
	A6242	Hydrogel drg <=16 in w/o bdr, each		NO		NO			\$5.79	
	A6243	Hydrogel drg >16<=48 w/o bdr, each		NO		NO			\$11.75	
	A6244	Hydrogel drg >48 in w/o bdr, each		NO		NO			\$37.46	
	A6245	Hydrogel drg <= 16 in w/bdr, each		NO		NO			\$6.93	
	A6246	Hydrogel drg >16<=48 in w/b, each		NO		NO			\$9.46	
	A6247	Hydrogel drg > 48 sq in w/b, each		NO		NO			\$22.68	
260	A6248	Hydrogel drsg gel filler per fl. oz		NO		NO			\$15.49	

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2										
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-	ree scheut	me //1/10, 1ev 8/1/10, 1ev 10/3/10, 1ev 1		[U, 16V 1/1/]	11, KEV 1/	1/13				
		tes new codes or changes for the most								
		ed for rentals as indicated on the fee sch								
6		rance of a code on this fee schedule does		coverage.						
7		ty limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requ	CMN							
				Danishaaa			Dantal			
			expiration date for	Purchase PA &			Rental PA&			
			purchase or	CMN			CMN		Purchase	
	HCPCS	Description	-		T ::4	Dantal		Dantal Drias	Purchase Price	J. 4 J. 4. J
$\overline{}$	A6251	Description Absorpt drg <=16 sq in w/o b, each	rental	required NO	Limits	Rental NO	requirea	Rental Price	\$1.90	date updated
	A6251 A6252	Absorpt drg <=16 sq in w/o b, each Absorpt drg >16 <=48 w/o bdr, each		NO		NO			\$1.90	
	A6253	Absorpt drg > 48 sq in w/o bdi, each		NO		NO			\$5.10 \$6.05	
	A6254	Absorpt drg <=16 sq in w/bdr, each		NO		NO			\$1.16	
	A6255	Absorpt drg >16<=48 in w/bdr, each		NO		NO			\$2.89	
	A6257	Transparent film <= 16 sq in, each		NO		NO			\$1.46	
	A6258	Transparent film >16<=48 in, each		NO		NO			\$4.10	
	A6259	Transparent film > 48 sq in, each		NO		NO			\$10.43	
	A6266	Impreg gauze no h20/sal/yard,		NO		NO			\$1.83	
	A6402	Sterile gauze <= 16 sq in, each		NO		NO			\$0.12	
	A6403	Sterile gauze>16 <= 48 sq in, each		NO		NO			\$0.41	
		Packing strips, non-impregn, up to 2								
272	A6407	inches in width, per lin yd		NO		NO			\$1.50	
	A6410	Eye pad, sterile, each		NO		NO			\$0.41	added 5/1/10
		Padding bandg. Non-elast. >=3" and <							•	
274	A6441	5", per yard		NO		NO			\$0.54	
		Conforming bandg. Non-sterile, width								
275	A6442	<3", per yard		NO		NO			\$0.14	
		Conforming bandg. Non-sterile, widtth								
276	A6443	>=3' and < 5", per yard		NO		NO			\$0.23	

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		ed for rentals as indicated on the fee sch								
		arance of a code on this fee schedule does		coverage.						
		ity limit is exceeded, a CMN & PA are re		coverage						
		t regulation, any item \$500 or over requi								
Ť	25 0011011		CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
		Conforming bandg. Non-sterile, width		-						-
277	A6444	>=5", per yard		NO		NO			\$0.45	
		Conforming bandg. Sterile, width <3",								
278	A6445	per yard		NO		NO			\$0.26	
		Conforming bandg. Sterile, width >= 3"								
279	A6446	and < 5", per yard		NO		NO			\$0.33	
		Conforming bandg. Sterile, width >= 5								
280	A6447	",per yard		NO		NO			\$0.54	
		Lt. Compression bandg. Width , 3", per								
281	A6448	yard		NO		NO			\$0.93	
000	1.6140	Lt. Compression bandg. Width >= 3", <		NO		NO			4.4.0	
282	A6449	5" per yard High compression bandg., width >= 3"		NO		NO			\$1.40	
၁၀၁	A6452			NO		NO			\$4.73	
دە∠	A0432	and < 5", per yard		NU		NU			\$4.73	
004	1.6450	Self-adherent bandg. Width <3", per		NO		NO			40.40	
284	A6453	yard		NO		NO			\$0.49	
205	A C 15 1	Self-adherent bandg. Width >= 3" and <		NO		NO			¢0.73	
∠ၓ၁	A6454	5", per yard Self-adherent bandg. Width >=5", per		NO		NO			\$0.62	
286	A6455	vard		NO		NO			\$1.11	
200	A0433	yaru		NU		NU			Φ1.11	

	А	В	С	D	E	F	G	Н	I	J
1	MEDICAI	D PROGRAM DME FEE SCHEDULE								
2										
	E C . L J		/2/10 12/1	ΙΔ 1/1/1	1. DEV 1/	1/12				
3	ree Scheat	ule 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	1/3/10; rev 12/1	lu; rev 1/1/1	1; KEV 1/	1/13				
		tes new codes or changes for the most c								
		ed for rentals as indicated on the fee sche								
6		rance of a code on this fee schedule does		coverage.						
7	_	ty limit is exceeded, a CMN & PA are re	_							
8	By current	t regulation, any item \$500 or over requi								
			CMN				D . I			
			expiration	Purchase			Rental			
			date for	PA &			PA&		D 1	
	HCDCG	TD	purchase or	CMN	T · · ·	D 4 1	CMN	D 4 1D 1	Purchase	
9	HCPCS	Description Zinc paste impregnated width >= 3" and	rental	required	Limits	Rental	required	Rental Price	Price	date updated
207	A6456	<pre>c paste impregnated width >= 3 and </pre>		NO		NO			\$1.02	
201	A0430	Tubular drsg. W or w/o elastic any		NO		NO			\$1.02	
288	A6457	width, per linear yd.		NO		NO			\$0.91	
200	A0437	Compression burn garment, facial hood,		110		110			ψ0.71	added for DOS
289	A6503	custom	Y/6 months	YES		NO			М	4/1/09 and after
	1100 00	Compression burn garment, glove to	1,0 monus	120		110				" 17 09 und urter
290	A6504	wrist, custom fabricated	Y/6months	YES		NO			M	
		Compression burn garment glove to								code added
291	A6505	elbow sleeve custom	Y/6 months	YES		NO			M	07/02/2007
		Compression burn garment glove to								code added 4-1-
292	A6506	axilla, custom fab., each	Y/6 months	YES		NO			M	08
		Compression burn garment, foot to thigh								code effective as
293	A6507	length-custom fab., each	Y/6 months	YES		NO			M	of 8/1/07
		Compression burn vest, custom								code added
294	A6509	fabricated, each	Y/6 months	YES		NO			M	04/02/2007
		Compression burn garment, trunk incl.								
		arms down to leg openings (leotard)								code added to fee
295	A6510	custom fabricated, each	Y/6 months	YES		NO			M	schedule 8/21/09

	А	В	С	D	Е	F	G	Н	I	J
1	MEDICAI	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedu	ule 7/1/10; rev 8/1/10; rev 10/5/10; rev 1	1/3/10; rev 12/1	10; rev 1/1/1	1; REV 1/	1/13				
4	Red indica	tes new codes or changes for the most	c							
		ed for rentals as indicated on the fee sch								
6	The appea	rance of a code on this fee schedule does	not guarantee	coverage.						
7		ty limit is exceeded, a CMN & PA are ro								
8	By current	regulation, any item \$500 or over requ								
			CMN							
			expiration	Purchase			Rental			
			date for purchase or	PA & CMN			PA& CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental		Rental Price	Purchase Price	date updated
F	inci es	Description	Tentai	requireu	Lillits	Kentai	requireu	Kentai i ite	11100	uate upuateu
		Compression burn garment, lower trunk								code added
296	A6511	including leg openings, custom, each	Y/6 months	YES		NO			М	07/02/2007
200	710311	merading leg openings, custom, each	170 months	TES		110			141	01/02/2007
										code added
297	A6512	Compression burn garment NOC	Y/6 months	YES		NO			М	07/02/2007
	110012	Compression burn mask, face and/or	Tro mondis	125		1,0				code added
298	A6513	neck, plastic or equal, custom	Y/6 months	YES		NO			M	04/02/2007
										code added
		Gradient compression stocking below								8/30/07,
299	A6530	knee, 18-30mm Hg, each Gradient compression stocking below	Y/12 months	YES		NO			M	clarification 9/08
300	A6531	knee, 30-40mmg Hg, each	Y/12 months	YES		NO			\$38.04	8/30/07
1000	110331	Knee, 50-40ming 11g, cacii	1/12 monuis	1123		110			ψ.50.54	code added
		Gradient compression stocking below								1/9/09 for
301	A6532	knee, 40-50mmg Hg, each	Y/12 months	YES		NO			M	effective date of
200	A (504	Gradient compression stocking, thigh	W/10	MEG		NO			3.4	1 11 . 1.10/07
302	A6534	length, 30-44 mm Hg, each	Y/12 months	YES		NO			M	code added 12/07 code eff.
		Gradient compression stocking/sleeve,								1/1/2010; added
303	A6549	NOC	Y/12 months	YES		NO			М	4/30/10
505	1100 1 7	1100	1/12 monuis	LEO		110			171	7/ 30/ 10

	А	В	С	D	Е	F	G	Н	I	J
1	MEDICAI	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedu	ale 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	1/3/10; rev 12/1	10; rev 1/1/1	1; REV 1/	1/13				
4	Red indica	tes new codes or changes for the most of	2							
		ed for rentals as indicated on the fee scho								
6		rance of a code on this fee schedule does		coverage.						
7	If a quanti	ty limit is exceeded, a CMN & PA are re	equired.							
8	By current	regulation, any item \$500 or over requi	ires a PA.							
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
		Drsg. Set for neg. pressure wound								
304	A6550	therapy		NO		NO			\$21.94	
										rate change from
005	4.7000	D: 11				NO			00.60	\$9.13 effective
	A7000	Disposable canister for pump		NO		NO				3/1/10
	A7001	Nondisposable pump canister		NO		NO			\$27.96	
	A7002 A7003	Tubing used w suction pump Nebulizer administration set		NO NO		NO NO			\$3.11 \$2.60	
	A7003 A7004			NO		NO			\$2.60 \$1.47	
	A7004 A7005	Disposable nebulizer sml vol Nondisposable nebulizer set		NO		NO			\$1.47	
	A7003	Filtered nebulizer admin set		NO		NO			\$23.07	
	A7007	Lg vol nebulizer disposable		NO		NO			\$4.16	
	A7007	Disposable nebulizer prefill		NO		NO			\$8.94	
	A7009	Nebulizer reservoir bottle		NO		NO			\$39.23	
	A7010	Disposable corrugated tubing		NO		NO			\$19.18	
	A7012	Nebulizer water collec devic		NO		NO			\$3.62	
317	A7013	Disposable compressor filter		NO		NO			\$0.67	
318	A7014	Compressor nondispos filter		NO		NO			\$4.29	
319	A7015	Aerosol mask used w nebulize		NO		NO			\$1.80	
	A7016	Nebulizer dome & mouthpiece		NO		NO			\$6.53	
321	A7017	Nebulizer not used w oxygen		NO		NO			\$128.23	

	А	В	С	D	Е	F	G	Н	I	J
1	MEDICAL	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Sched	ule 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	/3/10: rev 12/1	0: rev 1/1/1	1: REV 1/1	1/13				
<u> </u>	2 co Senea				,	.,				
4	Dod indice	tes new codes or changes for the most o								
		ed for rentals as indicated on the fee scho								
6		rance of a code on this fee schedule does		coverage.						
7		ty limit is exceeded, a CMN & PA are re		- coverage						
		regulation, any item \$500 or over requi								
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
322	A7018	Water, distilled, nebulizer, 1000 ml		NO		NO			\$0.31	
		Comb. Oral/nasal mask, used with								CMS code
323	A7027	CPAP, each	Y/12 months	YES		NO			\$167.87	addition 1/08
l		Oral cushion for A7027, replacement								CMS code
324	A7028	only, each	Y/12 months	YES		NO			\$44.59	addition 1/08
005	4.7020	nasal pillows for A7027, replacement	XX/10 .1	T/TEG		NO			#10.22	CMS code
325	A7029	only, each	Y/12 months	YES		NO			\$18.22	addition 1/08
										new rate eff.DOS
		Full face mask used with positive airway	y/6 months if							4/1/09; former
326	A7030	pressure device, each	PA required	YES>1	1 per year	NO			\$170.72	rate \$188.64
020	117030	pressure device, each	171 required	1125/1	1 per year	110			ψ170.72	1αις φ100.04
		Face mask interface, replacement for full	y/6 months if		1 per					
327	A7031	face mask, each	PA required	YES>1	month	NO			\$62.79	
			•							\$23.33 former
		Replacement cushion for nasal	y/6 months if		2 /cal.					rate change eff.
328	A7032	application device, each	PA required	YES >2	month	NO			\$32.42	1/15/08
		Replacement pillows for nasal	y/6 months if		12 per					
329	A7033	application device, each	PA required	YES >12	year	NO			\$23.33	

	А	В	С	D	Е	F	G	Н	I	J
1	MEDICAL	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedu	de 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	/3/10; rev 12/1	0; rev 1/1/	11; REV 1/	1/13				
4	Red indicat	tes new codes or changes for the most of								
		d for rentals as indicated on the fee scho								
6	The appear	ance of a code on this fee schedule does	not guarantee	coverage.						
7	If a quantit	y limit is exceeded, a CMN & PA are re	quired.							
8	By current	regulation, any item \$500 or over requi								
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
		nasal Interface(mask or cannula type)	1.6							\$76.89 former
	. =02.4	used with pos airway pressure device	y/6 months if	******					00444	rate change eff.
330	A7034	with or without head strap	PA required	YES >4	4 per year	NO			\$94.11	1/15/08
		II 1 1 . 24	/6							rate change from \$34.84 effective
224	A7035	Headgear used with positive airway pressure device	y/6 months if	VEC > 2	2	NO			¢22.07	3/1/10.
331	A/033	pressure device	PA required	YES >2	2 per year	NO			\$32.91	rate change from
		Chinstrap used with positive airway	v/6 months if							\$14.90 effective
332	A7036	pressure device	PA required	YES >2	2 per year	NO			\$14.10	'
332	A7030	pressure device	1 A required	11.5 /2	2 per year	110			ψ14.10	rate change from
		Tubing used with positive airway	y/6 months if		1 /cal.					\$38.51 effective
333	A7037	presure device	PA required	YES >1	month	NO			\$36.43	
			1						·	rate change from
		Filter, disposable, used with positive	y/6 months if		2 /cal.					\$5.16 effective
334	A7038	airway pressure device	PA required	YES>2	month	NO			\$4.88	3/1/10
										rate change from
			y/6 months if							\$12.46 eff.
	A7039	airway pressure device	PA required	YES >2	2 per year	NO			\$11.79	
336	A7040	One way chest drain valve		NO		NO			\$34.18	
		Vac. Drainage bottle & tubing for								
337	A7043	implanted catheter		NO		NO			\$24.30	

	А	В	С	D	Е	F	G	Н	I	J
1	MEDICAL	D PROGRAM DME FEE SCHEDULE								
2										
3	Ess Sahad	ule 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	/2/10. mar: 12/1	0. mar. 1/1/1	1. DEV 1	1/12				
<u> </u>	r ee Scheu	ule //1/10; rev 8/1/10; rev 10/5/10; rev 11	/3/10; rev 12/1	lu; rev 1/1/1	11; KEV 1/	1/13				
		tes new codes or changes for the most c								
		ed for rentals as indicated on the fee sche								
		rance of a code on this fee schedule does		coverage.						
		ity limit is exceeded, a CMN & PA are re								
8	By curren	t regulation, any item \$500 or over requi	res a PA. CMN							
				D			D4-1			
			expiration date for	Purchase PA &			Rental PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental		Rental Price	Price	date updated
-	incres	Description	remai	requireu	Lillius	Kentai	requireu	Kentai Frice	Frice	rate effective
										1/15/08 PA req.
		oral interface used with positive								removed eff.
338	A7044	pressure airway device, ea.		NO		NO			\$96.73	1/15/08.
- 000	717011	Exhalation port, w or w/o swivel used		110		110			Ψ70.73	1/15/00.
339	A7045	For positive airway		NO		NO			\$17.52	
-	1170.0	1 or positive univers		1,0		1,0			ψ1710 <u>2</u>	
		Water chamber for humidifier, used with	Y/6 months if		2/cal.					
340	A7046	pos. airway pressure device, replac. Each	PA required	YES>2	month	NO			\$15.61	
		Tracheostoma valve, including	•						*	
341	A7501	diaphram, each		NO		NO			\$100.18	
		Replacement diaphram/faceplate for								
342	A7502	tracheostoma valve, each		NO		NO			\$47.61	
		Filter holder, cap resuable,							, ,,,,,,	
343	A7503	tracheostoma, each		NO		NO			\$10.81	
		Filter, tracheostoma, heat and moisture								
344	A7504	exc, each		NO		NO			\$0.64	
		Housing, reusuable without adhesive,								
345	A7505	tracheostoma, each		NO		NO			\$4.46	

	А	В	С	D	Е	F	G	Н	I	J
1	MEDICAI	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedu	ıle 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	1/3/10; rev 12/1	10; rev 1/1/1	11; REV 1/	1/13				
4	Red indica	tes new codes or changes for the most of	2							
5	PA require	ed for rentals as indicated on the fee scho	edule.							
6	The appear	rance of a code on this fee schedule does	not guarantee	coverage.						
7	If a quanti	ty limit is exceeded, a CMN & PA are re	equired.							
8	By current	regulation, any item \$500 or over requi								
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
		Adhesive disc, tracheostoma valve, any								
346	A7506	type, each		NO		NO			\$0.32	
l		Filter holder and filter without adhesive,								rate change eff
347	A7507	tracheostoma, each		NO		NO			\$2.49	5-1-08.
		Housing with adhesive, tracheostoma,				110			0.7.4	
348	A7508	each		NO		NO			\$2.74	
1 040	A 77500	Filter holder with filter, adhesive,		NO		NO			Φ1 2 4	
349	A7509	tracheostoma, each Trach/laryn. Tube, non-cuffed, PVC,		NO		NO			\$1.34	rate change eff.
250	A7520	silicone, or equal, each		NO		NO			¢17.10	5-1-08
330	A1320	Trach/laryn. Tube, cuffed, PVC,		INU		INO			\$47.48	J-1-00
351	A7521	silicone, or equal, each		NO		NO			\$37.64	
331	A7321	sincone, or equal, each		110		110			Ψ37.04	
		Trach/laryn. Tube, stainless steel or	y/6 months if		2 per cal.					
352	A7522	equal, sterilizable and reuseable, each	PA required	YES>2	month	NO			\$36.13	
	† ·- ·-	1	1,555	~ -		, ,			+ 	
353	A7524	Tracheostoma stent/stud/button, each		NO		NO			\$61.92	
			y/6 months if		1per cal.					
354	A7525	Tracheostomy mask, each	PA required	YES>1	month	NO			\$1.66	

	Α	В	С	D	Е	F	G	Н	I	J
1	MEDICAL	D PROGRAM DME FEE SCHEDULE								
2										
3	Foo Sobody	ıle 7/1/10; rev 8/1/10; rev 10/5/10; rev 1	1/2/10. nov 12/1	 Λ. νον 1/1/	11. DEV 1/	1/12				
F-	ree Scheut	me //1/10, 1ev 8/1/10, 1ev 10/3/10, 1ev 1	10, 1ev 12/1		11, KE V 1/.	1/13				
١.										
		tes new codes or changes for the most								
		ed for rentals as indicated on the fee sch								
7	•	rance of a code on this fee schedule does		coverage.						
_		ty limit is exceeded, a CMN & PA are re regulation, any item \$500 or over required.								
⊢°	by current	regulation, any item \$500 or over requi	CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental		Rental Price	Price	date updated
Ť	1101 00	2 0301.4101.		roquirou		11011001	require		11100	auto apantea
			y/6 months if		31 per cal.					
355	A7526	Tracheostomy tube collar/holder, each	PA required	YES>31	month	NO			\$2.70	
		Tracheostomy/laryngectomy tube	_							rate change
356	A7527	plug/stop, each		NO		NO			\$3.22	01/02/2007
										code added
		helmet protective, soft prefab includes								01/02/2007;
357	A8000	all components & accessories	Y/12 months	YES		NO			\$161.02	pricing set 3/1/10
		XX 1								code added
250	A 0001	Helmet, protective, hard, prefab,	V/12 th	VEC		NO			\$1.61.00	01/02/2007;
338	A8001	includes all components & acessories	Y/12 months	YES		NO			\$101.02	pricing set 3/1/10
		Helmet, protective, soft, custom fab,								code added
350	A8002	includes all components & accessories	Y/12 months	YES		NO			М	01/02/2007
555	110002	Helmet, protective hard, custom	1/12 monuis	110		110			1V1	01/02/2007
		fabricated, includes all components &								code added
360	A8003	accessories	Y/12 months	YES		NO			M	01/02/2007
		Soft interface for helmet, replacement								code added
361	A8004	only	Y/12 months	YES		NO			M	01/02/2007

	А	В	С	D	Е	F	G	Н	I	J
1	MEDICA	ID PROGRAM DME FEE SCHEDULE								
2										
3	Foo Cobod	ule 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	/2/10. mov. 12/1	ΙΔ. mov: 1/1/1	11. DEV 1/	1/12				
<u> </u>	r ee Schea	ule //1/10; rev 8/1/10; rev 10/5/10; rev 11		lu; rev 1/1/1	KEV 1/	1/13				
		ates new codes or changes for the most of								
		ed for rentals as indicated on the fee scho								
6		rance of a code on this fee schedule does		coverage.						
7		ity limit is exceeded, a CMN & PA are re								
8	By curren	t regulation, any item \$500 or over requi								
			CMN				D . 1			
			expiration	Purchase			Rental			
			date for	PA &			PA&		D 1	
	TT CD CC	5	purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated code added
										6/1/08; unit qty
										change eff.
										12/11/09; this
		Sensor; invasive, disposable, for use								code does not
		with continuous glucose monitoring								move to
362	A9276	system, 1 unit= 10 sensors	Y/12 months	YES		NO			М	pharmacy
302	A3210	system, 1 unit 10 sensors	1/12 monus	ILS		NO			1V1	pharmacy
										code added
										6/1/08; this code
		Transmitter; external, for use with								does not move to
363	A9277	continuous glucose monitoring system	Y/12 months	YES		NO			М	pharmcy
	>		_, 12 months	120		1,0			111	F <i>y</i>
										code added
										6/1/08; this code
		Receiver; monitor, external, for use with								does not move to
364	A9278	continuous glucose monitoring system	Y/12 months	YES		NO			M	pharmcy
		Misc. DME supply or accessory not								code added
365	A9999	other wise classified	Y/12 months	YES		NO			M	01/02/2007;

	А	В	С	D	Е	F	G	Н	I	J
1	MEDICAL	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Sched	ule 7/1/10; rev 8/1/10; rev 10/5/10; rev 1	1/3/10· rev 12/1	10• rev 1/1/1	11. REV 1/	1/13				
٣	T CC SCHCU				11, 112 (17)	1,10				
4	Dod indica	ites new codes or changes for the most								
		ed for rentals as indicated on the fee sch								
6		rance of a code on this fee schedule does		coverage.						
7	• •	ty limit is exceeded, a CMN & PA are re								
8		t regulation, any item \$500 or over requ								
	•		CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
]									rate change
					1 unit per					04/02/2007
		Enteral Feed Supply Kit Syringe Fed,			calendar					descrip. Change
366	B4034	per day 1 unit = 31 kits		NO	month	NO			\$173.60	
		Enteral Feed Supply Kit by Pump 1								rate change
367	B4035	unit=31 kits	Y/ 12 months	YES	4	NO			\$330.77	04/02/2007
					1 unit per					. 1
	D 4026	Enteral Feed Supply Kit Gravity Fed 1		NO	calendar	NO			ф22 <i>с</i> с1	rate change
	B4036	unit=31 kits		NO	month	NO				04/02/2007
309	B4081	Enteral NG tubing w/stylet		NO		NO			\$19.78	
370	B4082	Nasogastric tubing without stylet, each		NO		NO			\$14.73	code added 4/08
 0, 0	D 1002	Transgustic turing without stylet, each		110		110			Ψ1-7./3	
										\$3.60 former rate
										change eff.
										1/15/08; new rate
										eff. DOS 4/1/09;
371	B4083	Enteral stomach tube levine		NO		NO			\$2.39	former rate \$2.57

	А	В	С	D	Е	F	G	Н	I	J
1	MEDICAI	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedi	ıle 7/1/10; rev 8/1/10; rev 10/5/10; rev 1	1/3/10: rev 12/1	0: rev 1/1/1	1: REV 1/	1/13				
		, , , , , , , , , , , , , , , , , , , ,								
4	Red indica	tes new codes or changes for the most	c							
5		ed for rentals as indicated on the fee sch								
6	•	rance of a code on this fee schedule does		coverage.						
7	If a quanti	ty limit is exceeded, a CMN & PA are ro	equired.							
8	By current	regulation, any item \$500 or over requ								
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
										CMC 1
		Contract on /Linear Table								CMS code addition 1/08 rate
270	D 4007	Gastrostomy/JejunostomyTube,	X7/10	MEG		NO			¢20.50	
3/2	B4087	standard, any material, any type, each	Y/12 months	YES		NO			\$30.38	set eff.1/3/08
										CMS code
		Gastrostomy/JejunostomyTube, low-								addition 1/08 rate
373	B4088	profile, any material, any type, each	Y/12 months	YES		NO			\$30.58	set eff.1/3/08
10,0	D 1000	Food thickener, administered orally,	1/12 months	TES		110			ψ30.30	Effective 1/1/11
374	B4100	per oz.	Y/12 months	NO		NO			M	PA REMOVED
<u> </u>		Enteral formula, adult use, to replace								CMN length chg.
375	B4102	fluids & electrolytes 500 ml=1 unit	Y/12 months	YES		NO			M	Eff. 12/1/08
		Enteral formula, pediatric use, to								
		replace fluids & electrolytes 500 ml=1								CMN length chg.
376	B4103	unit	Y/12 months	YES		NO			M	Eff. 12/1/08
										Eff. 12/1/08.
										Additive is to be
		Additive for enteral formula e.g. fiber								priced per can eff
377	B4104	per can	Y/12 months	YES		NO			M	12/13/10

	Α	В	С	D	Е	F	G	Н	I	J
1	MEDICAL	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Sched	ule 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	/3/10· rev 12/1	10· rev 1/1/1	11. REV 1/	/1/13				
٣	T ce peneu		10,10,10,10	10,10,17	11, KL 1					
4	Red indica	ites new codes or changes for the most of								
5		ed for rentals as indicated on the fee scho								
6	The appea	rance of a code on this fee schedule does	not guarantee	coverage.						
7	If a quanti	ty limit is exceeded, a CMN & PA are re	quired.							
8	By current	t regulation, any item \$500 or over requi								
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
	TT CD CC	5	purchase or	CMN	- • .		CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
		Enteral formula, blenderized Natural								CMN length chg.
		foods, thru enteral feeding tube 100								Eff. 12/1/08; rate
378	B4149	cal.=1 unit	Y/12 months	YES		NO			\$1.52	set 6/1/09
		enteral formula, nutritionally complete								
		with intact nutrients, incl. proteins, fats,								
		carbohydrates, vitamins & minerals, may								
		incl. fiber, adm through an enteral								
379	B4150	feeding tube, 100 calories=1 unit	Y/12 months	YES		NO			\$0.65	rate eff. 6/1/09
		Enteral formula, nutritionally complete,								
		calorically dense,(equal to or > than 1.5 kcal/ml) with intact nutrients								
		incl.proteins, fats, carbohydrates,								
		vitamins & minerals, may incl. fiber,								
		adm through an enteral feeding tube, 100								
380	B4152	cal.=1 unit	Y/12 months	YES		NO			\$0.54	rate eff. 6/1/09
380	JB4152	cal.=1 unit	Y/12 months	YES		NO			\$0.54	rate eff. 6/1/09

	Α	В	С	D	Е	F	G	Н	I	J
1	MEDICAL	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedu	de 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	/3/10; rev 12/1	10; rev 1/1/1	1; REV 1/	1/13				
4	Red indica	tes new codes or changes for the most o								
5	PA require	d for rentals as indicated on the fee sch	dule.							
6	The appear	rance of a code on this fee schedule does	not guarantee	e coverage.						
7		y limit is exceeded, a CMN & PA are re	1							
8	By current	regulation, any item \$500 or over requi								
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&		ъ. т	
	TTGDGG	D	purchase or	CMN	T • •,	D 4 1	CMN	D (1D)	Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
		Enteral formula, nutritionally complete,								
		hydrolyzed proteins (amino acids &								
		peptide chain), incl. fats, carbohydrates,								
		vitamins & minerals, may incl. fiber, adm								
		through an enteral feeding tube, 100								
381	B4153	cal.=1 unit	Y/12 months	YES		NO			\$1.85	rate eff. 6/1/09
		antonal formania mutaitionally as1-t-								
		enteral formula, nutritionally complete,								
		for special metabolic needs, excl. inherited disease of metabolism, incl.								
		*								
		altered composition of proteins, fats,								
		carbohydrates, vitamins and/or minerals,								
202	D4154	may incl fiber, adm through an enteral	V/12	VEC		NO			¢1 10	
382	B4154	feeding tube, 100 cal.= 1 unit	Y/12 months	YES		NO			\$1.18	rate eff. 6/1/09

	l A	В	С	D	Е	F	G	Н	<u> </u>	J
1		D PROGRAM DME FEE SCHEDULE				<u>'</u>		11	<u> </u>	
2	MEDICAL	TROGRAM DIVIE FEE SCHEDULE								
3	Fee Schedu	ule 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	1/3/10; rev 12/1	10; rev 1/1/1	1; REV 1/	1/13				
4	Red indica	tes new codes or changes for the most of								
5	PA require	ed for rentals as indicated on the fee scho	edule.							
6	The appea	rance of a code on this fee schedule does	not guarantee	e coverage.						
7	If a quanti	ty limit is exceeded, a CMN & PA are re	quired.							
8	By current	regulation, any item \$500 or over requi								
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
		enteral formula, nutritionally								
		incomplete/modular nutrients, incl.								
		specific nutrients, carbohydrates, (e.g.								
		glucose polymers), proteins/amino acid								
		(e.g. glutamine, arginine), fat (e.g.								
		medium chain triglycerides) or								
		combination, adm thorugh an enteral								
383	B4155	feeding tube, 100 cal = 1 unit	Y/12 months	YES		NO			\$0.92	rate eff. 6/1/09
		16 1 22 11								
		enteral formula, nutritionally complete,								
		for special metabolic needs, for inherited								
		disease of metabolism, incl. proteins,								
		fats, carbohydrates, vitamins and								
		minerals, may incl fiber, adm through an								
384	B4157	enteral feeding tube, $100 \text{ cal} = 1 \text{ unit}$	Y/12 months	YES		NO			M	

	Α	В	С	D	Е	F	G	Н	I	J
1	MEDICAI	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedi	ıle 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	/3/10: rev 12/1	10: rev 1/1/1	11: REV 1/	1/13				
۲					12, 212, 2,	1,10				
4	Dod indica	tes new codes or changes for the most of								
		ed for rentals as indicated on the fee scho								
6		rance of a code on this fee schedule does		e coverage.						
7		ty limit is exceeded, a CMN & PA are re								
8		regulation, any item \$500 or over requi								
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
		Enteral formula, for peds, nutritionally								
		complete with intact nutrients, incl.								
		protein, fats, carbohydrates, vitamins and								
		minerals, may incl. fiber and/or iron,								
١	D4150	adm through an enteral feeding tube, 100	X7/10 /1	MEG		NO				
385	B4158	cal = 1 unit	Y/12 months	YES		NO			M	
		Enteral formula, for peds, nutritionally								
		complete soy based with intact nutrients,								
		incl. proteins, fats, carbohydrates,								
		vitamins & minerals, may incl. fiber								
		and/or iron, adm through enteral								
386	B4159	feeding tube, 100 cal = 1 unit	Y/12 months	YES		NO			M	
		Entered formula formula anti-								
		Enteral formula, for peds, nutritionally								
		complete, calorically dense(equal to or > than 0.7 kcal/ml) with intact nutrients,								
		incl. proteins, fats, carbohydrates,								
		vitamins & minerals,may incl. fiber, adm								
		through an enteral feeding tube, 100 cal								
387	B4160	= 1 unit	Y/12 months	YES		NO			М	
307	4100	- 1 uiiit	1/12 1110111115	LED		NO			IVI	

	А	В	С	D	Е	F	G	Н	l	J
1	MEDICAI	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedu	ıle 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	/3/10; rev 12/1	0; rev 1/1/1	11; REV 1/	1/13				
4	Red indica	tes new codes or changes for the most of								
5	PA require	ed for rentals as indicated on the fee sch	edule.							
6	The appear	rance of a code on this fee schedule does	not guarantee	coverage.						
7	_	ty limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requi								
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
	TT CD CC	D	purchase or	CMN			CMN		Purchase	
9	HCPCS	Description Enteral formula, for peds,	rental	required	Limits	Rental	required	Rental Price	Price	date updated
		hydrolyzed/amino acids and peptide								
		chain proteins, incl. fats, carbohydrates,								
		vitamins & minerals, may incl. fiber,								
		adm through an enteral feeding tube, 100								
388	B4161	cal = 1 unit	Y/12 months	YES		NO			М	
		enteral formula, for peds, special								
		metabolic needs for inherited disease of								
		metabolism, incl proteins, fats,								
		carbohydrates, vitamins & minerals, may								
	D 41 62	incl. fiber, adm through an enteral	XX/10 .1	YATTO		NO			3.6	
389	B4162	feeding tube, 100 cal = 1 unit	Y/12 months	YES		NO			M	rate corrected
		parenteral nutrition solution, per 10 gms								7/6/09-Manual
390	B4185	lipids	Y/12 months	YES		NO			\$9.09	pricing is not
										U
		parenteral nutrition solution,								
		compounded amino acid and								
		carbohydrates with electrolytes, trace								
301	B4189	elements, and vitamins, any strength, 10-51 gms of protein, premix	Y/12 months	YES		NO			¢102 90	rate eff. 6/1/09
381	D4103	131 gms of protein, premix	1/12 MOHUIS	1 ES		NO			\$195.80	1 ate e11. 0/1/09

	А	В	С	D	Е	F	G	Н	I	J
1	MEDICAI	D PROGRAM DME FEE SCHEDULE								
2										
3	Foo Schodi	ıle 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	1/3/10· roy 12/1	10. rov 1/1/1	11. DFV 1/	1/13				
٣	rec seneut	ne 7/1/10, 1ev 0/1/10, 1ev 10/3/10, 1ev 11	1/3/10, 104 12/1		11, KE V 1/	1/13				
4	Pad indica	tes new codes or changes for the most of								
5		ed for rentals as indicated on the fee sch								
6		rance of a code on this fee schedule does		e coverage.						
7	•	ty limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requi	ires a PA.							
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
		parenteral nutrition solution,								
		compounded amino acid and								
		carbohydrates with electrolytes, trace								
		elements, and vitamins, any strength, 52-								
392	B4193	73 gms of protein, premix	Y/12 months	YES		NO			\$250.44	rate eff. 6/1/09
		parenteral nutrition solution,								
		compounded amino acid and								
		carbohydrates with electrolytes, trace								
		elements, and vitamins, any strength, 74-								
393	B4197	100 gms of protein, premix	Y/12 months	YES		NO			\$304.89	rate eff. 6/1/09
		parenteral nutrition solution,								
		compounded amino acid and								
		carbohydrates with electrolytes, trace								
		elements, and vitamins, any strength,								
		referrences, and vitalinis, any sticingth,		1		1	1	1		1

	А	В	С	D	Е	F	G	Н	I	J
1	MEDICAL	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedu	de 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	1/3/10; rev 12/1	0; rev 1/1/	11; REV 1/1	1/13				
		, , , , , , , , , , , , , , , , , , , ,								
4	Red indicat	tes new codes or changes for the most o								
		d for rentals as indicated on the fee sch								
		ance of a code on this fee schedule does		coverage.						
7	If a quantit	y limit is exceeded, a CMN & PA are re	equired.							
8	By current	regulation, any item \$500 or over requi								
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
										rate and # of
										units change
										04/02/2007;
			Y/12 mon. if		1 unit per					CMN length chg.
395	B4220	Parenteral supply kit 1 unit =31 kits	PA required	YES>1	month	NO			\$220.10	Eff. 12/1/08
										rate and # of
										units change
		Parenteral Nutrition Supply Kit Home	Y/12 mon. if		1 unit					04/02/2007;
396	B4222	Mix 1 unit=31 kits	PA required	YES>1	per month	NO			\$243.87	CMN length chg.
										units change
										04/02/2007;
		Parenteral administration kit 1 unit = 31			1 unit				.	CMN length chg.
397	B4224	kits	Y/ 12 months	YES	per month	NO			\$687.89	Eff. 12/1/08
										CMN length chg.
										Eff. 12/1/08; new
										rate eff. DOS
										4/1/09 former
200	D0002	Entand arms with all and	W/ 12	MEG		VEC	VEC	¢110.00	¢1 100 74	rates RR \$135.00
398	B9002	Enteral pump with alarm	Y/ 12 months	YES		YES	YES	\$118.80	\$1,188.74	Purchase

	А	В	С	D	Е	F	G	Н	I	J
1	MEDICAI	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Sched	ule 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	1/3/10; rev 12/1	l0; rev 1/1/1	1; REV 1/	1/13				
4	Red indica	ites new codes or changes for the most of								
		ed for rentals as indicated on the fee sch								
6	The appea	rance of a code on this fee schedule does	not guarantee	coverage.						
7	If a quanti	ty limit is exceeded, a CMN & PA are re	equired.							
8	By current	t regulation, any item \$500 or over requi	ires a PA.							
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
										CMN length chg.
399	B9004	Parenteral pump portable	Y/ 12 months	YES		YES	YES	\$223.80	\$2,238.01	Eff. 12/1/08
1,00	D0006		*****	******		******	******	#222 00	#2.22 0.01	CMN length chg.
400	B9006	Parenteral pump stationary	Y/ 12 months	YES		YES	YES	\$223.80	\$2,238.01	Eff. 12/1/08
101	B9998	Entand annuling NOC	X/ 12 th a	VEC		NO			M	CMN length chg. Eff. 12/1/08
401	D9998	Enteral supplies, NOS	Y/ 12 months	YES		NO			IVI	CMN length chg.
402	B9999	Parenteral supplies, NOS	Y/ 12 months	YES		NO			М	Eff. 12/1/08
	E0100	Cane adjust/fixed with tip	1/ 12 months	NO		NO			\$17.14	
	E0105	Cane adjust/fixed quad/3 pro		NO		NO			\$46.00	
	E0110	Crutch forearm pair		NO		NO			\$71.57	
	E0111	Crutch forearm each		NO		NO			\$43.31	
	E0112	Crutch underarm pair wood		NO		NO			\$35.40	
408	E0113	Crutch underarm each wood		NO		NO			\$17.76	
409	E0114	Crutch underarm pair no wood		NO		NO			\$42.24	
410	E0116	Crutch underarm each no wood		NO		NO			\$22.75	
		Crutch, underarm, articulating, spring								PA removed eff
411	E0117	assisted, each	Y/6 months	NO		NO			\$154.17	12-1-09.
										added 1/1/09 for
l		Crutch substitute, lower leg platform								DOS 1/1/08 and
412	E0118	w/wo whells each	YES	YES		NO			M	after.

	А	В	С	D	E	F	G	Н	I	J
1	MEDICAII	D PROGRAM DME FEE SCHEDULE								
2										
3	Foo Sobodu	le 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	/2/10. pov 12/1	Λ. rov 1/1/1	1. DEV 1/	1/13				
F-	ree Schedu	ie 7/1/10, 1ev 8/1/10, 1ev 10/5/10, 1ev 11	10, 1ev 12/1	10, 16v 1/1/1	1, KE V 1/	1/13				
Ι,										
		tes new codes or changes for the most of								
5 6		d for rentals as indicated on the fee sche rance of a code on this fee schedule does		A O V O MO GO						
	•	y limit is exceeded, a CMN & PA are re		coverage.						
		regulation, any item \$500 or over requi								
٣	by current	regulation, any nem \$200 or over requi	CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
		-		_						new rate eff.
										DOS 4/1/09
										former rate
413	E0130	Walker rigid adjust/fixed ht		NO		NO			\$54.03	
										new rate eff.
										DOS 4/1/09;
l									***	former rate
414	E0135	Walker folding adjust/fixed		NO		NO			\$64.50	\$68.18
										01/02/2007; PA
										& RR removed
		Walker, w/trunk support, adj. Or fixed			1 per 4					eff. With reg
415	E0140	ht., any type		NO	years	NO			\$324.64	_
۔ٽ	20110	, and type		1,0	jears	110			Ψ321.04	new rate eff.
										DOS 4/1/09;
										former rate
416	E0141	Rigid walker wheeled wo seat		NO		NO			\$93.23	\$98.55
										new rate eff.
										DOS 4/1/0;
										former rate
417	E0143	Walker folding wheeled w/o s		NO		NO			\$94.37	\$99.77

	А	В	С	D	Е	F	G	Н	[J
1	MEDICAI	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Sched	ule 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	1/3/10; rev 12/1	10; rev 1/1/1	1; REV 1/	1/13				
		,								
4	Red indica	ites new codes or changes for the most of	2							
5	PA require	ed for rentals as indicated on the fee sch	edule.							
6	The appea	rance of a code on this fee schedule does	not guarantee	coverage.						
7		ty limit is exceeded, a CMN & PA are re								
8	By current	t regulation, any item \$500 or over requi								
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
										rate change from
										\$304.66 /RR
										\$30.47 effective
418	E0144	Enclosed walker w rear seat	Y/ 6 months	YES		Y/ month	YES	\$28.82	\$288.20	
		Heavy duty walker, mult. Braking								added DOS
419	E0147	system, variable wheel resistance	Y/12 months	YES		NO			M	8/1/10 and after
										new rate eff.
		W 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1								DOS 4/1/09;
400	E0140	Walker heavy duty, without wheels, any		NO		NO			ф114 OO	former rate
420	E0148	type, each		NO		NO			\$114.98	\$121.55
										new rate eff.DOS
		Walker heavy duty, wheeled, any type,								4/1/09; former
421	E0149	each		NO		NO			\$202.00	rate \$213.53
	E0149	Forearm crutch platform atta		NO		NO			\$66.38	· · · · · · · · · · · · · · · · · · ·
722	10100	1 orearm cruten platform atta		110		110			Ψ00.30	new rate eff.
										DOS 4/1/09;
										former rate
423	E0154	Walker platform attachment, each		NO		NO			\$63.81	\$67.45

	А	В	С	D	Е	F	G	Н	I	J
1	MEDICAL	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedu	de 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	1/3/10: rev 12/1	l0: rev 1/1/1	1: REV 1/	1/13				
		, , , , , , , , , , , , , , , , , , , ,								
4	Red indicat	tes new codes or changes for the most of	,							
		d for rentals as indicated on the fee sch								
		cance of a code on this fee schedule does		coverage.						
	•	ty limit is exceeded, a CMN & PA are re								
		regulation, any item \$500 or over requi								
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
										new rate eff.DOS
										4/1/09; former
424	E0155	Walker wheel attachment, per pair		NO		NO			\$28.56	rate \$30.20
										new rate eff.
										DOS 4/1/09;
1,05	E0156	XX 11		NO		NO			ф22.75	former rate
425	E0156	Walker seat attachment		NO		NO			\$23.75	\$25.10 rate change from
										\$66.61 effective
126	E0157	Walker crutch attachment		NO		NO			\$63.02	
420	EU13/	warker crutch attachment		NU		NO			\$03.02	rate change from
										\$26.16 effective
427	E0158	Walker leg extenders set of4		NO		NO			\$24.75	
<u> </u>				1,0		1,0			+=1.72	rate change from
										\$17.10 effective
428	E0159	Brake for wheeled walker		NO		NO			\$16.17	'
	E0160	Sitz type bath or equipment		NO		NO			\$26.88	
430	E0161	Sitz bath/equipment w/faucet		NO		NO			\$21.33	
431	E0162	Sitz bath chair		NO		NO			\$118.48	

	А	В	С	D	Е	F	G	Н	I	J
1	MEDICAI	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Sched	ule 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	/3/10· rev 12/1	 	11. RFV 1/1	1/13				
۳	rec beneat	me 1/1/10, 1ev 6/1/10, 1ev 10/5/10, 1ev 11	1/5/10, 104 12/1			1/13				
١.										
		tes new codes or changes for the most of								
		ed for rentals as indicated on the fee scho								
6		rance of a code on this fee schedule does		coverage.						
7		ty limit is exceeded, a CMN & PA are re								
⊢°	By current	t regulation, any item \$500 or over requi	CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental		Rental Price	Price	date updated
ا ا		Commode chair mobile or stationary fxd	Tentai	required	Limits	Kentai	required	Rentailine	TILLE	07/02/2007
432	E0163	arms		NO		NO			\$102.61	purchase only
102	20103	Commode chair stationary or mobile		110		110			Ψ102.01	07/02/2007
433	E0165	detachable arms		NO		NO			\$177.70	purchase only
		Commode chair pail or pan replacement							,	, , , , , , , ,
434	E0167	only		NO	1 per year	NO			\$9.76	
		Commode chair, extra wide, heavy duty,			1 7				·	07/02/2007
435	E0168	any type each		NO		NO			\$144.38	purchase only
		Commode chair w seat lift mech.								07/02/2007
436	E0170	Electric, any type	Y/6 months	YES		NO			M	purchase only
										07/02/2007
										purchase only.
										Rate set eff.
		Commmode chair w seat lift mech. Non-								1/15/08; PA
437	E0171	electric		NO		NO				removed 10/08
		Seat lift mechanism placed over top of								07/02/2007
438	E0172	toilet, any type	Y/6 months	YES					M	purchase only
439	E0175	Commode chair foot rest		NO		NO			\$63.36	

	А	В	С	D	E	F	G	Н	Ī	J
1	MEDICAL	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedu	ıle 7/1/10; rev 8/1/10; rev 10/5/10; rev 1	1/3/10; rev 12/1	10; rev 1/1/1	1; REV 1/	1/13				
4	Red indica	tes new codes or changes for the most of	c							
5		ed for rentals as indicated on the fee sch								
6		rance of a code on this fee schedule does		e coverage.						
7		ty limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requi								
			CMN	Purchase			Rental			
			expiration date for	Purchase PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental		Rental Price	Price	date updated
Ť		Description	TOTAL	required	Ziiiits	Tterrur	required	1101101111100	11100	description chg.
										01/02/2007; PA
		Powered Pressure reducing mattress								& RR removed
		alternating pump, heavy duty								eff. With reg
440	E0181	overlay/pad		NO		NO			\$230.40	change
										D. 100
										PA and RR
111	E0182	Duscours and alternating numer		NO		NO			\$212.00	removed eff.
441	EU162	Pressure pad alternating pump		NO		NO			\$212.90	With reg change
										PA removed and
										rental ended eff
442	E0184	Dry pressure mattress		NO		NO			\$158.33	12-1-09
										PA removed and
										rental ended eff
443	E0185	Gel pressure mattress pad		NO		NO			\$260.11	12-1-09
										DA #0m 0 1 1
										PA removed and rental ended eff
111	E0186	Air prassura mattrass		NO		NO			\$165.10	
444	E0100	Air pressure mattress		NO		NO			\$105.10	12-1-09

	А	В	С	D	Е	F	G	Н	I	J
1	MEDICAL	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedu	le 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	/3/10; rev 12/1	10; rev 1/1/1	1; REV 1	/1/13				
4	Red indicat	es new codes or changes for the most c								
5	PA require	d for rentals as indicated on the fee sche	edule.							
6		ance of a code on this fee schedule does		coverage.						
7		y limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requi								
			CMN							
			expiration	Purchase			Rental			
			date for	PA & CMN			PA& CMN		Dermalage	
9	HCPCS	Description	purchase or rental	required	T imita	Dontal		Rental Price	Purchase Price	doto undotod
-	ncres	Description	rentai	required	Limits	Rental	requirea	Rental Price	Price	date updated
										PA removed and
										rental ended eff
445	E0187	Water pressure mattress		NO		NO			\$219.50	12-1-09
	E0188	Synthetic Sheepskin pad		NO		NO			\$26.43	
447	E0189	Lambswool sheepskin pad		NO		NO			\$47.96	
		positioning cush/pillow/wedge any shape								
	E0190	or size, incl. all components		NO		NO			\$26.47	
449	E0191	Protector heel or elbow		NO		NO			\$9.56	
										new rate eff.
										DOS 4/1/09;
										former rates
										purchase
150	E0193	Powered air flotation bed	Y/6 mon ths	YES		Y/ month	YES	\$817.63	\$8,167.30	\$8,643.40, RR
450	E0132	rowered air Hotation bed	1/ O IIIOII UIS	IES		1/ IIIOntn	IES	\$617.03	\$8,107.30	φου4.34
451	E0194	Air fluidized bed	Y/6 mon ths	YES		Y/ month	YES	\$2,646.38	\$26,463.80	
										PA & RR
										removed eff.
452	E0196	Gel pressure mattress		NO		NO			\$264.20	With reg change

	А	В	С	D	Е	F	G	Н	1	J
1	MEDICAI	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedu	ule 7/1/10; rev 8/1/10; rev 10/5/10; rev 1	1/3/10; rev 12/1	10; rev 1/1/	11; REV 1/1	1/13				
4	Red indica	tes new codes or changes for the most of	c							
5		ed for rentals as indicated on the fee sch								
6		rance of a code on this fee schedule does		e coverage.						
7		ty limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requi								
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&		ъ .	
	HCDCC	Degenintien	purchase or	CMN	T :	Dantal	CMN	Dantal Drias	Purchase Price	do40 do40 d
9	HCPCS	Description	rental	required	Limits	Rental	requirea	Rental Price	Price	date updated 08/01/2007
453	E0197	Air pressure pad for mattres		NO		NO			\$180.18	purchase only
700	LOIDI	An pressure pad for mattres		110		110			φ100.10	purchase only
										PA & RR
										removed eff.
454	E0198	Water pressure pad for mattr		NO		NO			\$211.98	With reg change
455	E0199	Dry pressure pad for mattres		NO		NO			\$30.66	
										PA removed eff.
					1 per 5					With reg change;
	E0200	Heat lamp without stand		NO	years	NO			· · · · · · · · · · · · · · · · · · ·	no RR
457	E0202	Phototherapy light w/ photom	Y/ 6 mon ths	YES		Y/day	YES	\$50.92	NA	
					1 per 5					PA removed eff.
458	E0205	Heat lamp with stand		NO	years	NO			\$157.81	8/1/10; no RR
			Y/12 months							
			if PA							
459	E0210	Electric heat pad standard	required	YES>1	1 per year	NO			\$26.54	
			Y/12 months							
400	E0215	Electric heat and are int	if PA	VEG. 1	1	NO			ф г 7 с0	
460	E0215	Electric heat pad moist	required	YES>1	1 per year	NO			\$57.60	

	Α	В	С	D	Е	F	G	Н	I	J
1	MEDICAL	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedu	de 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	/3/10; rev 12/1	0; rev 1/1/1	11; REV 1/	1/13				
		tes new codes or changes for the most of								
	•	d for rentals as indicated on the fee sch								
6	• •	rance of a code on this fee schedule does		coverage.						
7		ty limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requi								
			CMN				D			
			expiration	Purchase			Rental			
			date for	PA &			PA&		D 1	
١,	HCDCC	D 1.4	purchase or	CMN	T,	D 4 1	CMN	D (1D)	Purchase	1, 1, 1
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
461	E0217	Water circ heat pad w pump	Y/ 6 months	YES		Y/ month	YES	\$47.50	\$474.97	
										CMS end dated
462	E0220	Hot water bottle		NO		NO			\$6.89	12/31/10
										removal of PA &
					1 per 4					PA for RR eff.
463	E0225	Hydrocollator unit		NO	year	Y/month	NO	\$37.18	\$371.81	
										CMS end dated
464	E0230	Ice cap or collar		NO		NO			\$6.89	12/31/10
465	E0235	Paraffin bath unit portable	Y/ 6 months	YES		Y/ month	YES	\$16.51	\$165.10	
466	E0236	Pump for water circulating p	Y/ 6 months	YES		Y/ month	YES	\$35.99	\$359.90	
1 400	10230	amp for water enculating p	Y/ if PA	110		1/ IIIOIIIII	ILD	Ψ33.77	ψ337.70	CMS end dated
467	E0238	Heat pad non-electric moist	required	YES>1	1 per year	NO			\$25.87	12-31-10
<u> </u>		F	- 1		First				+=3.07	removal of PA &
					1 per 4					PA for RR eff.
468	E0239	Hydrocollator unit portable	Y/ 6 months	NO	year	Y/month	NO	\$38.07	\$380.71	8/1/10
469	E0247	transfer bench	Y/6 months	YES		NO			M	

A	В	С	D	Е	F	G	Н	1	J
MEDICAII	D PROGRAM DME FEE SCHEDULE								
Fee Schedu	le 7/1/10; rev 8/1/10; rev 10/5/10; rev 1	1/3/10; rev 12/1	0; rev 1/1/1	1; REV 1/	1/13				
Red indicat	tes new codes or changes for the most	C							
PA require	d for rentals as indicated on the fee sch	edule.							
			coverage.						
By current	regulation, any item \$500 or over requ								
		CMN expiration date for purchase or	Purchase PA & CMN			Rental PA& CMN		Purchase	
HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
E0240	transfer bench, heavy dty, for tub/toilet	V/C	VEC		NO	_		M	added 8/18/08 for DOS 4/28/08 and
		Y/6 months							after
		W.C. and				VEG	\$75.20		new rate eff. DOS 4/1/09; former rate purchase \$795.00, RR
E0250	Hosp bed fixed ht w/ mattres	Y/ 6 months	YES		Y/ month	YES	\$75.20	\$752.00	\$79.50
E0251	Hosp had find by my mottogs	V/12 months	VEC		V/ morels	VEC	\$54.00		new rate eff. DOS 4/1/09; former rate purchase \$602.40
	Fee Schedu Red indicat PA require The appear If a quantit By current HCPCS E0248 E0249	Red indicates new codes or changes for the most of PA required for rentals as indicated on the fee school The appearance of a code on this fee schedule does If a quantity limit is exceeded, a CMN & PA are results are resulted by current regulation, any item \$500 or over requirements. HCPCS Description transfer bench, heavy dty, for tub/toilet w/wo commmode opening, each E0249 Pad water circulating heat u E0250 Hosp bed fixed ht w/ mattres	Fee Schedule 7/1/10; rev 8/1/10; rev 10/5/10; rev 11/3/10; rev 12/1 Red indicates new codes or changes for the most c PA required for rentals as indicated on the fee schedule. The appearance of a code on this fee schedule does not guarantee If a quantity limit is exceeded, a CMN & PA are required. By current regulation, any item \$500 or over requires a PA. CMN expiration date for purchase or rental transfer bench, heavy dty, for tub/toilet w/wo commmode opening, each E0248 Pad water circulating heat u E0250 Hosp bed fixed ht w/ mattres Y/6 months	Fee Schedule 7/1/10; rev 8/1/10; rev 10/5/10; rev 11/3/10; rev 12/10; rev 1/1/1 Red indicates new codes or changes for the most c PA required for rentals as indicated on the fee schedule. The appearance of a code on this fee schedule does not guarantee coverage. If a quantity limit is exceeded, a CMN & PA are required. By current regulation, any item \$500 or over requires a PA. CMN expiration expiration date for purchase or rental transfer bench, heavy dty, for tub/toilet E0248 w/wo commmode opening, each E0249 Pad water circulating heat u NO E0250 Hosp bed fixed ht w/ mattres Y/6 months YES	Fee Schedule 7/1/10; rev 8/1/10; rev 10/5/10; rev 11/3/10; rev 12/10; rev 1/1/11; REV 1/ Red indicates new codes or changes for the most c PA required for rentals as indicated on the fee schedule. The appearance of a code on this fee schedule does not guarantee coverage. If a quantity limit is exceeded, a CMN & PA are required. By current regulation, any item \$500 or over requires a PA. CMN expiration date for PA & purchase or CMN HCPCS Description transfer bench, heavy dty, for tub/toilet w/wo commmode opening, each Follows Follows Y/6 months YES E0249 Pad water circulating heat u NO E0250 Hosp bed fixed ht w/ mattres Y/6 months YES	Fee Schedule 7/1/10; rev 8/1/10; rev 10/5/10; rev 11/3/10; rev 12/10; rev 1/1/11; REV 1/1/13 Red indicates new codes or changes for the most c PA required for rentals as indicated on the fee schedule. The appearance of a code on this fee schedule does not guarantee coverage. If a quantity limit is exceeded, a CMN & PA are required. By current regulation, any item \$500 or over requires a PA. CMN expiration date for purchase PA & CMN HCPCS Description Tental Transfer bench, heavy dty, for tub/toilet w/wo commmode opening, each E0248 W/wo commmode opening, each For purchase PA & CMN NO NO NO NO PO NO NO PO NO NO PO NO PO N	Fee Schedule 7/1/10; rev 8/1/10; rev 10/5/10; rev 11/3/10; rev 12/10; rev 1/1/11; REV 1/1/13 Red indicates new codes or changes for the most c PA required for rentals as indicated on the fee schedule. The appearance of a code on this fee schedule does not guarantee coverage. If a quantity limit is exceeded, a CMN & PA are required. By current regulation, any item \$500 or over requires a PA. CMN expiration date for pA & CMN rental PA & CMN HCPCS Description Tental Transfer bench, heavy dty, for tub/toilet w/wo commmode opening, each FO248 PAG WWO commmode opening, each FO249 PAG WWO commmode opening, each FO349 FO349 FO349 FO340 FO349 FO340 FO34	Fee Schedule 7/1/10; rev 8/1/10; rev 10/5/10; rev 11/3/10; rev 12/10; rev 1/1/11; REV 1/1/13 Red indicates new codes or changes for the most c PA required for rentals as indicated on the fee schedule. The appearance of a code on this fee schedule does not guarantee coverage. If a quantity limit is exceeded, a CMN & PA are required. By current regulation, any item \$500 or over requires a PA. CMN expiration date for purchase or CMN purchase or CMN rental required Limits Rental PA& CMN CMN expiration date for purchase or CMN rental PA& CMN PA & CMN POWN Rental PA & CMN NO Rental Price transfer bench, heavy dty, for tub/toilet w/wo commmode opening, each PA & Wwo commmode opening, each PA & Wwo commmode opening, each PA & Wood commode o	Fee Schedule 7/1/10; rev 8/1/10; rev 10/5/10; rev 11/3/10; rev 12/10; rev 1/1/11; REV 1/1/13 Red indicates new codes or changes for the most c PA required for rentals as indicated on the fee schedule. The appearance of a code on this fee schedule does not guarantee coverage. If a quantity limit is exceeded, a CMN & PA are required. By current regulation, any item \$500 or over requires a PA. CMN expiration date for PA & CMN expiration date for PA & CMN rental PA& CMN required Limits Rental PA& CMN Rental Price 1

	А	В	С	D	Е	F	G	Н	1	J
1	MEDICAL	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedu	de 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	1/3/10; rev 12/1	10; rev 1/1/1	1; REV 1/	1/13				
4	Pod indicas	tes new codes or changes for the most o								
		ed for rentals as indicated on the fee scho								
6		rance of a code on this fee schedule does		coverage						
7		ty limit is exceeded, a CMN & PA are re		Coverage.						
8		regulation, any item \$500 or over requi								
٣	Dy carrent	regulation, any ment \$600 of over requi	CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental		Rental Price	Price	date updated
	1	•		•			-			•
										new rate eff.
										DOS 4/1/09;
										former rates
										purchase \$962.80
474	E0255	Hospital bed var ht w/ mattr	Y/ 12 months	YES		Y/ month	YES	\$91.07	\$910.70	RR \$96.28
										new rate eff.
										DOS 4/1/09;
										former rates
										purchase
										\$677.80, RR
475	E0256	Hospital bed var ht w/o matt	Y/ 12 months	YES		Y/ month	YES	\$64.12	\$641.02	
										new rate eff.
										DOS 4/1/09;
										former rates
										purchase
l										\$1392.40, RR
476	E0260	Hosp bed semi-electr w/ matt	Y/ 12 months	YES		Y/ month	YES	\$127.12	\$1,271.20	\$139.24

	А	В	С	D	Е	F	G	Н	1	J
1	MEDICAL	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedu	le 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	1/3/10; rev 12/1	l0; rev 1/1/1	1; REV 1/	1/13				
		, , , , , , , , , , , , , , , , , , , ,								
4	Red indicat	tes new codes or changes for the most of								
	_	d for rentals as indicated on the fee scho								
6		ance of a code on this fee schedule does		coverage.						
7		y limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requi								
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
	1									new rate eff.
										DOS 4/1/09;
										former rates
										purchase
										\$1113.60, RR
477	E0261	Hosp bed semi-electr w/o mat	Y/ 12 months	YES		Y/ month	YES	\$105.34	\$1,053.40	
										new rate eff.
										DOS 4/1/09;
										former rates
										purchase
l										\$1699.20, RR
478	E0265	Hosp bed total electr w/ mat	Y/ 12 months	YES		Y/ month	YES	\$160.74	\$1,607.40	
										new rate eff.
										DOS 4/1/09;
										former rates
										purchase
										\$1620.40 RR
479	E0266	Hosp bed total elec w/o matt	Y/ 12 months	YES		Y/ month	YES	\$153.29	\$1,532.90	\$162.04

	А	В	С	D	Е	F	G	Н	I	J
1	MEDICAII	PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedu	le 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	/3/10· rev 12/1	0· rev 1/1/1	11. REV 1/1	1/13				
٣	T ee Beneuu	10,10,10,10,10,10,10,10,10,10,10	10,10,10,10	, 10, 17, 17, 17	11, 112 (1/2	.,10				
4	Dod indicat	es new codes or changes for the most o								
5		d for rentals as indicated on the fee sche								
6	_	ance of a code on this fee schedule does		coverage						
7		y limit is exceeded, a CMN & PA are re		coverage.						
		regulation, any item \$500 or over requi								
٣	_j carrent	gvan woo or over requi	CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
	i	•		-			-			new rate eff.
										DOS 4/1/09;
										former rates
										purchase
										\$195.15, RR
										\$19.51; PA &
										rental ended eff
480	E0271	Mattress innerspring		NO		NO			\$184.61	12-1-09
		1 0								
										new rate eff.
										DOS 4/1/09;
										former rates
										purchase \$193.61
										RR \$19.36; PA
										& rental ended
481	E0272	Mattress foam rubber		NO		NO			\$183.14	12-1-09
			Y/ 12 months							
			if PA							
482	E0275	Bed pan standard	required	YES>1	1 per year	NO			\$14.64	

	А	В	С	D	Е	F	G	Н	l	J
1	MEDICAI	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Sched	ule 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	1/3/10; rev 12/1	10; rev 1/1/1	11; REV 1/	1/13				
4	Pad indica	tes new codes or changes for the most of								
		ed for rentals as indicated on the fee scho								
6		rance of a code on this fee schedule does		coverage.						
7		ty limit is exceeded, a CMN & PA are re		coverage.						
8		t regulation, any item \$500 or over requi								
Ť		a cogumentation, the control of the	CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
		Î	Y/ 12 months				-			
			if PA							
483	E0276	Bed pan fracture	required	YES>1	1 per year	NO			\$12.73	
										new rate eff.
										DOS 4/1/09;
										former rates
										purchase
					1 per 5					\$7118.50, RR
484	E0277	Powered pres-redu air mattrs	Y/ 12 months	YES	years	Y/ month	YES	\$636.62	\$6,366.20	
										rate change from
										\$31.06 effective
485	E0280	Bed cradle		NO		NO			\$29.38	3/1/10
										new rate eff.DOS
										4/1/09; former
										· ·
										rates purchase \$607.80, RR
106	E0200	Hoon had for ht yy/o noile yy/m	V/ 12 months	YES		V/ mortl-	YES	¢57.40	¢574.00	· ·
480	E0290	Hosp bed fx ht w/o rails w/m	Y/ 12 months	1 ES		Y/ month	1 ES	\$57.49	\$574.90	Φ0 0. / δ

	А	В	С	D	Е	F	G	Н	1	J
1	MEDICAL	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedu	de 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	1/3/10; rev 12/1	10; rev 1/1/1	11; REV 1/	1/13				
4	Red indicat	tes new codes or changes for the most o	2							
5	PA require	d for rentals as indicated on the fee scho	edule.							
6	•	rance of a code on this fee schedule does		coverage.						
7		y limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requi								
			CMN	D 1			D 4 3			
			expiration date for	Purchase PA &			Rental PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental		Rental Price	Price	date updated
-	neres	Description	Tentai	required	Lillits	Kentai	requireu	Kentarrice	Tite	uate upuateu
										PA removed for
										purchase and RR
487	E0291	Hosp bed fx ht w/o rail w/o		NO		Y/ month	NO	\$41.77	\$417.70	eff.8/1/10
										new rate eff.
										DOS 4/1/09;
										former rates
										purchase
										\$683.40, RR
488	E0292	Hosp bed var ht w/o rail w/o	Y/ 12 months	YES		Y/ month	YES	\$64.65	\$646.50	· ·
										new rate eff.
										DOS 4/1/09;
										former rates
										purchase \$581.50, RR
489	E0293	Hosp bed var ht w/o rail w/	Y/ 12 months	YES		Y/ month	YES	\$55.01	\$550.10	· · · · · · · · · · · · · · · · · · ·

	А	В	С	D	Е	F	G	Н	I	J
1	MEDICAL	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedu	le 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	1/3/10; rev 12/1	l0; rev 1/1/1	1; REV 1/	1/13				
					,					
		es new codes or changes for the most of								
	_	d for rentals as indicated on the fee scho								
6		rance of a code on this fee schedule does		coverage.						
7		y limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requi								
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated new rate eff.
										DOS 4/1/09;
										former rates
										purchase
400	E0204	TT 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	37/10 1	MEG		X7/ .1	MEG	Φ100 5 0	Φ1 007 00	\$1062.40, RR
490	E0294	Hosp bed semi-elect w/ mattr	Y/ 12 months	YES		Y/ month	YES	\$100.50	\$1,005.00	106.24 new rate eff.
										DOS 4/1/09;
										former rates
										purchase
										\$1035.60, RR
401	E0295	Hosp bed semi-elect w/o matt	Y/ 12 months	YES		Y/ month	YES	\$97.96		\$1035.60, KK \$103.56
431	E0473	1105p oca semi-elect w/o man	1/ 12 monus	1123		1/ IIIOIIIII	ILO	\$71.90	φ 7 / 7 .00	φ103.30
										new rate eff.DOS
										4/1/09; former
										ratespurchase
										\$1335.30, RR
492	E0296	Hosp bed total elect w/ matt	Y/ 12 months	YES		Y/month	YES	\$126.31	\$1,263.10	

	А	В	С	D	Е	F	G	Н	1	J
1	MEDICAL	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedu	de 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	/3/10; rev 12/1	0; rev 1/1/1	1; REV 1/	1/13				
		tes new codes or changes for the most c								
5		d for rentals as indicated on the fee sche								
6	The appear	cance of a code on this fee schedule does	not guarantee	coverage.						
7	_	y limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requi								
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
										new rate eff.DOS
										4/1/09; former
										rates purchase
										\$1185.60, RR
493	E0297	Hosp bed total elect w/o mat	Y/ 12 months	YES		Y/month	YES	\$112.16	\$1,121.60	\$118.56
		HOSPITAL BED, HEAVY DUTY,								
		EXTRA WIDE, WITH WEIGHT								
		CAPACITY GREATER THAN 350								
		POUNDS, BUT LESS THAN OR								
		EQUAL TO 600 POUNDS, WITH								
		ANY TYPE SIDE RAILS, WITHOUT	Y/12							
494	E0301	MATTRESS	MONTHS	YES		Y/month	YES	\$685.63	\$6,856.32	
		Hosp. Bed, hvy duty, x-wide, >350								
		lbs<=600 lbs,any type side rails, w/								
495	E0303	mattress	Y/12 months	YES		Y/month	YES	\$243.18	\$2,908.14	
		Hosp. Bed Xhvy duty, x wide,>600								
496	E0304	lbs,any type side rails, w/ mattress	Y/12 months	YES		Y/month	YES	\$616.54	\$6,165.40	

	А	В	С	D	Е	F	G	Н	I	J
1		PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedu	le 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	1/3/10· rev 12/1	10. rev 1/1/1	1. RFV 1/	1/13				
٣	rec senedu	ke 7/1/10, 100 0/1/10, 100 10/5/10, 100 11	1/3/10, 10 12/1		.1, KL / 1/					
4	Dod indicat	es new codes or changes for the most								
		d for rentals as indicated on the fee sch								
6		ance of a code on this fee schedule does		coverage.						
7		y limit is exceeded, a CMN & PA are re								
8		regulation, any item \$500 or over requi	ires a PA.							
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
	HCDCC	T	purchase or	CMN	T • •	D 4 1	CMN	D 4 1D 1	Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
										new rate eff.DOS
										4/1/09; former
										rates purchase
										\$170.20, RR
										\$17.02; PA for
										purchase & rental
										removed eff.
497	E0305	Rails bed side half length		NO		Y/month	NO	\$16.10	\$161.10	8/1/10
										new rate eff.DOS
										4/1/09; former
										rates purchase
										\$159.17, RR
										\$15.91; PA for
										purchase & rental
										removed eff.
		Rails bed side full length		NO		Y/month	NO	\$15.06	\$150.56	
499		Bed accessory brd/tbl/support		NO		NO			\$9.54	
		Safety enclosure frame/canopy for use						_		
500	E0316	with hospital bed, any type	Y/12 months	YES		Y/ month	YES	M	M	

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1	MEDICAL	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedu	le 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	/3/10; rev 12/1	0; rev 1/1/1	11; REV 1/	1/13				
4	Red indicat	tes new codes or changes for the most o								
5	PA require	d for rentals as indicated on the fee sch	edule.							
6	• •	ance of a code on this fee schedule does		coverage.						
		y limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requi								
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
			Y/ 12 months							
F04	E0225	TT in all models in the second	if PA	VEC. 1	1	NO			¢0.67	
501	E0325	Urinal male jug-type	required Y/ 12 months	YES > 1	1 per year	NO			\$9.67	
			if PA							
502	E0326	Urinal female jug-type	required	YES>1	1 per year	NO			\$10.05	
302	E0320	Offinal Temale Jug-type	required	1123/1	1 per year	NO			\$10.03	rate change eff.
										DOS 4/1/09;
										former rates
										purchase
										\$4,252.20 RR
503	E0371	Nonpower mattress overlay	Y/ 12 months	YES		Y/ month	YES	\$402.25	\$4,022.50	\$425.22
										rate change
										eff.4/1/09; former
										rates purchase
l										\$5159.80, RR
504	E0372	Powered air mattress overlay	Y/ 12 months	YES		Y/ month	YES	\$488.10	\$4,881.00	\$515.98

	А	В	С	D	Е	F	G	Н	I	J
1	MEDICAL	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedu	le 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	/3/10· rev 12/1	0. rev 1/1/1	1. RFV 1/	/1/13				
ا ا	rec Beneuu	ne 7/1/10, 104 0/1/10, 104 10/3/10, 104 11	13/10, 10 12/1		.1, KL V 1/	1/13				
١,	D 11 11									
		tes new codes or changes for the most of d for rentals as indicated on the fee scho								
6		cance of a code on this fee schedule does		COVORAGO						
7	•	y limit is exceeded, a CMN & PA are re		coverage.						
	•	regulation, any item \$500 or over requi	_							
۳	by current	legulation, any item poor or over requi	CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
Ť				104000			1040000			rate change eff.
										DOS 4/1/09;
										former rates
										purchase
										\$5,878.50, RR
										\$587.85; rate
										adjusted eff.
										3/1/10 former
										rate
										\$556.10RR/\$5,56
505	E0373	Nonpowered pressure mattress	Y/ 12 months	YES		Y/ month	YES	\$472.69	\$4,726.90	1.00 purchase
										Rate change
	E0.42.4		X7/10	T/TEG		X 7/	T/FC	ф1 7 2 1 7	37.1	1/1/09; rate
506	E0424	Stationary compressed gas 02	Y/ 12 months	YES		Y/ month	YES	\$173.17	NA	change 3/1/10
										Rate change
507	E0431	Portable gaseous 02	Y/ 12 months	YES		Y/ month	YES	\$28.77	NΔ	1/1/09
 	20131	1 014010 8400040 02	1, 12 months	ILD		1/ month	1 Lb	Ψ20.77	11/1	1,1,0,
										Rate change
508	E0434	Portable liquid 02	Y/ 12 months	YES		Y/ month	YES	\$28.77	NA	1/1/09

	А	В	С	D	E	F	G	Н		J
1	MEDICAI	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedu	ıle 7/1/10; rev 8/1/10; rev 10/5/10; rev 1	1/3/10; rev 12/1	0; rev 1/1/1	1; REV 1/	1/13				
		tes new codes or changes for the most								
		ed for rentals as indicated on the fee sch								
7	•	rance of a code on this fee schedule does ty limit is exceeded, a CMN & PA are ro		coverage.						
8		regulation, any item \$500 or over requ								
٣	by current	regulation, any reem \$200 or over requ	CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
	HCDCC	D	purchase or	CMN	T,	D 4 1	CMN	D 4 1D 1	Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	requirea	Rental Price	Price	date updated 1/1/09; rate
										change 3/1/10
509	E0439	Stationary liquid 02	Y/ 12 months	YES		Y/ month	YES	\$173.17	NA	from \$175.79
		Oximeter device for measuring blood								
510	E0445	oxygen levels	Y/12months	YES		Y/month	YES	M	M	
511	E0450	Volume vent stationary/porta	Y/ 12 months	YES		Y/ month	YES	\$913.17	NA	
512	E0455	Oxygen tent excl croup tent or ped	Y/ 12 months	YES		Y/ month	YES	\$170.00	\$1,700.00	
513	E0457	Chest shell	Y/ 12 months	YES		Y/ month	YES	\$58.79	\$587.89	
514	E0459	Chest wrap	Y/ 12 months	YES		Y/ month	YES	\$41.39	\$413.90	
	LUTJ)	Сперт мир	1, 12 months	ILD		1/ monu	11.5	Ψ-1.57	ψ+13.70	
515	E0460	Neg press vent portabl/statn	Y/ 12 months	YES		Y/ month	YES	\$701.80	NA	
516	E0462	Rocking bed w/ or w/o side r	Y/ 12 months	YES		Y/ month	YES	\$278.78	\$2,787.80	
517	E0463	Pressure support ventilator, w/volume control, used with tracheostomy	Y/12 months	YES		Y/month	YES	\$1,265.74	NA	rate set 08/01/2007

	Α	В	С	D	Е	F	G	Н	1	J
1	MEDICAL	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedu	de 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	/3/10; rev 12/1	0; rev 1/1/1	1; REV 1/	1/13				
4	Red indicat	tes new codes or changes for the most of								
		d for rentals as indicated on the fee scho								
6		cance of a code on this fee schedule does		coverage.						
		y limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requi								
			CMN	D			D4-1			
			expiration date for	Purchase PA &			Rental PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental		Rental Price	Price	date updated
Ť		Pressure support ventilator, w/volume	Tentar	required	Ziiiits	Rentur	required	Aciitai I IIcc	11100	rate set
518	E0464	control, used with mask	Y/12 months	YES		Y/month	YES	\$1,265.74	NA	08/01/2007
		Respiratory assist dev. Bi-level pressure								
519	E0470	w/o backup rate,	Y/12 months	YES		Y/month	YES	\$205.28	\$2,052.80	
		Respiratory assist dev. Bi-level pressure								
520	E0471	w/ backup rate,	Y/12 months	YES		Y/month	YES	\$513.74	NO	
	E0.470	Respiratory assist dev. Bi-level pressure	X7/10 /1	MEG		X7/ .1	MEG	Φ512.74	NIA	
521	E0472	w/backup rate, invasive interface	Y/12 months	YES		Y/month	YES	\$513.74	NA	PA removed for
					1 per 5					purchase and RR
522	E0480	Percussor elect/pneum home m		NO	years	Y/ month	NO	\$42.04	\$420.40	eff. 8/1/10
<u> </u>	20.00			1,0	jours	27 11101101	110	ψ.2.0.	ψ.200	
		Cough Stimulating device, alternating								rate set
523	E0482	positive and negative airway pressure	Y/12 months	YES		Y/month	YES	\$387.02	\$3,870.20	08/01/2007
		H. 1 C								purchase rate set
		High frequency chest wall oscillation air-								1/09; RR rate
524	E0483	pulse generator system, including hoses	V/12 months	YES		V/mantl-	YES	\$1.425.00	\$14.250.20	adjustment eff 8-
524	E0463	and vest	Y/12 months	I ES		Y/month	1ES	\$1,435.23	\$14,352.30	1-10
525	E0484	Oscillatory PEP device non-electric		NO		NO			\$29.54	

	А	В	С	D	Е	F	G	Н	I	J
1	MEDICAI	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedu	ale 7/1/10; rev 8/1/10; rev 10/5/10; rev 1	1/3/10; rev 12/1	10; rev 1/1/	11; REV 1/	1/13				
4	Red indica	tes new codes or changes for the most	c							
5		d for rentals as indicated on the fee sch								
6		rance of a code on this fee schedule does		coverage.						
7		ty limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requ								
			CMN	D .			D 4 1			
			expiration date for	Purchase PA &			Rental PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental		Rental Price	Price	date updated
٣	i i	Oral device/appliance used to reduce	Tentar	required	Limes	Kentar	required	Rental Free	Trice	code added
526	E0485	upper airway collapsability, pre fab	Y/12 months	YES		NO			M	01/02/2007
		Oral device/appliance used to reduce								code added
527	E0486	upper airway collapsability, custom	Y/12 months	YES		NO			M	01/02/2007
										rate set eff.
528	E0500	IPPB Machine, all types, with built-in	Y/12 months	YES		Y/month	YES	\$8.51	NA	1/15/08
										PA for purchase
										& RR PA
	F05.61	Humidifier, non-heated for use with		NO		37 /	NO	ΦΩ 5 5	\$95.60	removed eff.
529	E0561	positive pressure airway device		NO		Y/month	NO	\$8.55	\$85.60	PA for purchase
										& RR PA
		Humidifier, heated used with positive								removed eff.
530	E0562	airway pressure device		NO		Y/month	NO	\$28.82	\$240.98	
									*	
531	E0565	Compressor air power source	Y/ 12 months	YES		Y/ month	YES	\$49.61	\$496.10	
										08/01/2007 PA &
				PA	1 per 4					RR removed
			Y/12 months	required if						\$180.00 former
	F0550	X 1 1:	if PA	limit	unless PA				#4.30 00	rate change eff.
532	E0570	Nebulizer with compression	required	exceeded	obtained				\$128.88	1/15/08

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1	MEDICAI	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedi	ule 7/1/10; rev 8/1/10; rev 10/5/10; rev 1	1/3/10; rev 12/1	0; rev 1/1/1	1; REV 1	/1/13				
4		tes new codes or changes for the most								
5		ed for rentals as indicated on the fee sch								
6		rance of a code on this fee schedule does		coverage.						
7		ty limit is exceeded, a CMN & PA are re								
8	By current	t regulation, any item \$500 or over requ								
			CMN expiration date for purchase or	Purchase PA & CMN			Rental PA& CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
					1 per 4					
536	E0575	Nebulizer ultrasonic	Y/12 months	YES	years	Y/ month	YES	\$98.32	\$983.20	
537	E0580	Nebulizer for use w/ regulat		NO	1 per 4 years	NO			\$121.31	rate change eff.DOS 4/1/09; former rate purchase \$128.23
538	E0585	Nebulizer w/ compressor & heater		NO	1 per 4 years	NO			\$335.50	PA for purchase and RR removed eff. 8/1/10
539	E0600	Respiratory Suction pump portab home model		NO	1 per 4 years	NO			\$372.30	PA for purchase and RR removed eff. 8/1/10 rate change eff.
540	E0601	Cont airway pressure device	Y/ 12 months	YES		Y/ month	YES	\$100.82	\$1,008.20	DOS 4/1/09; former rates purchase \$1,065.80, RR

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1	MEDICAL	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Sched	ule 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	/3/10; rev 12/1	0; rev 1/1/1	1; REV 1/	1/13				
		ites new codes or changes for the most of								
5		ed for rentals as indicated on the fee scho								
<u>6</u> 7		rance of a code on this fee schedule does		coverage.						
	_	ty limit is exceeded, a CMN & PA are re t regulation, any item \$500 or over requi	_							
l °	by current	regulation, any item \$500 or over requi	CMN							
			expiration date for purchase or	Purchase PA & CMN			Rental PA& CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
	E0604 E0606	Breast pump, heavy duty, hospital grade, electric, AC and/ or DC, any type Drainage board postural	Y/12 months	YES NO		Y/month NO	YES	\$82.50	NA \$213.60	CMS description chg. 1/08
543	E0607	Blood glucose monitor home	Y/ 12 months	Yes > 1	1 per 4 years	NO			\$63.92	Coverage will be through pharmacy 10/5/10 and after
544	E0617	AED	Y/12months	YES		Y/month	YES	\$310.44	\$3,725.28	
545	E0618	Apnea monitor without recording feature	Y/ 12 months	YES		Y/ month	YES	\$227.30	NA	
546	E0619	Apnea monitor with recording feature	Y/12 months	YES		Y/month	YES	\$227.30	NA	
547	E0621	Patient lift sling or seat		NO		NO			\$78.06	
548	E0625	Patient lift bathroom, shower, or toilet	Y/ 12 months	YES		Y/ month	YES	M	M	

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1	MEDICAL	D PROGRAM DME FEE SCHEDULE								
2										
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4	Red indicat	tes new codes or changes for the most of	2							
5	PA require	d for rentals as indicated on the fee sch	edule.							
6		rance of a code on this fee schedule does		coverage.						
7		y limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requi								
			CMN	Downsham			Domási			
			expiration date for	Purchase PA &			Rental PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental		Rental Price	Price	date updated
	110100	2 0,001,011		required	2222245	11011001	required			auto apantea
										PA for purchase
										removed and RR
549	E0627	Seat lift incorp lift-chair		NO		NO			\$322.72	ended eff.8/1/10
										PA for purchase
	E0.600	0 100 0 100		NO		NO			Ф222 72	removed and RR
550	E0628	Seat lift for pt furn-electr		NO		NO			\$322.12	ended eff.8/1/10
										PA for purchase
										removed and RR
551	E0629	Seat lift for pt furn-non-el		NO		NO			\$316.39	ended eff.8/1/10
		•								
		Patient hydraulic or mechanical lift incl								CMS description
552	E0630	any seat, sling, strap (s), or pads (s)	Y/ 12 months	YES		Y/ month	YES	\$88.22	\$882.20	chg. 1/08
	E0625	B 1 1	37/10 3	NACC		3 77	N/E/C	ф11 7 0 с	Φ1 1 7 0 50	
553	E0635	Patient electric lift, with seat or sling	Y/ 12 months	YES		Y/ month	YES	\$117.06	\$1,170.60	
554	E0637	Combination sit to stand system, with seat lift, w/wo wheels	Y/12 months	YES		Y/month	YES	M	M	
334	E0037	Standing frame, one position, incl.	1/12 months	1E3		1/IIIOIIIII	IES	IVI	IVI	
555	E0638	pediatric and w/wo wheels	Y/12 months	YES		NO			\$853.57	

	A	В	С	D	Е	F	G	Н	I	J
1	MEDICAL	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedu	de 7/1/10; rev 8/1/10; rev 10/5/10; rev 1	1/3/10; rev 12/1	0; rev 1/1/1	1; REV 1/	/1/13				
4		tes new codes or changes for the most of								
5	_	d for rentals as indicated on the fee sch								
6		cance of a code on this fee schedule does		coverage.						
7		y limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requi								
			CMN	D			D4-1			
			expiration date for	Purchase PA &			Rental PA&			
				CMN			CMN		Purchase	
9	HCPCS	Description	purchase or rental	required	Limits	Dontal		Rental Price	Purcnase Price	doto undotod
<u> </u>	incres	Description Patient lift, moveable, includes all	rentai	required	Lillius	Rental	requirea	Kentai Price	Price	date updated
556	E0639	components/accessories	Y/12 months	YES		Y/month	YES	M	M	
330	E0039	Standing frame system, multi position,	1/12 monus	163		1/IIIOIIIII	IES	IVI	IVI	
557	E0641	incl. pediatric	Y/12 months	YES		NO			М	
		Standing frame system, mobile, incl.								
558	E0642	pediatric dynamic stander	Y/12 months	YES		NO			M	
559	E0650	Pneuma compresor non-segment	Y/ 12 months	YES		Y/ month	YES	\$61.96	\$619.60	
560	E0651	Pneum compressor segmental	Y/ 12 months	YES		Y/ month	YES	\$87.87	\$878.65	
561	E0652	Pneum compres w/cal pressure	Y/ 12 months	YES		Y/ month	YES	\$457.68	\$4,576.80	
										PA for purchase and RR endated removed eff.
562	E0655	Pneumatic appliance half arm		NO		NO			\$93.23	
		segmental, pneumatic appliance for use								CMS addition
563	E0656	with compressor, trunk	Y/ 12 months	YES		Y/ month	YES	M	M	1/1/09
	T0 555	segmental pneumatic appliance for use	****			**/	******			CMS addition
564	E0657	with compressor, chest	Y/ 12 months	YES		Y/ month	YES	M	M	1/1/09

	А	В	С	D	Е	F	G	Н	I	J
1	MEDICAI	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedu	ule 7/1/10; rev 8/1/10; rev 10/5/10; rev 1	1/3/10; rev 12/1	10; rev 1/1/1	1; REV 1/	1/13				
4	Red indica	tes new codes or changes for the most	c							
5		ed for rentals as indicated on the fee sch								
6		rance of a code on this fee schedule does		e coverage.						
7		ty limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requ								
			CMN expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
505	F0660			No		NO			#152.02	PA for purchase and RR endated removed eff.
565	E0660	Pneumatic appliance full leg		NO		NO			\$152.83	PA for purchase and RR endated
566	E0665	Pneumatic appliance full arm		NO		NO			\$131.06	
567	E0666	Pneumatic appliance half leg		NO		NO			\$132.11	PA for purchase and RR endated removed eff. 8/1/10
										PA for purchase and RR endated removed eff.
568	E0667	Seg pneumatic appl full leg		NO		NO			\$309.75	8/1/10 PA for purchase and RR endated removed eff.
569	E0668	Seg pneumatic appl full arm		NO		NO			\$422.74	8/1/10

	А	В	С	D	Е	F	G	Н	1	J
1		D PROGRAM DME FEE SCHEDULE								-
2										
3	Foo Sobody	de 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	/2/10. mov 12/1	10. nov. 1/1/1	1. DEV 1/	1/12				
-	r ee Scheuu	me //1/10; rev 8/1/10; rev 10/5/10; rev 11		10; rev 1/1/1	11; KEV 1/	1/13				
١.										
		tes new codes or changes for the most of								
5		d for rentals as indicated on the fee scheance of a code on this fee schedule does								
7	•	ty limit is exceeded, a CMN & PA are re		coverage.						
		regulation, any item \$500 or over requi								
۳	by current	legulation, any item \$500 or over requi	CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
										PA for purchase
										and RR endated
										removed eff.
570	E0669	Seg pneumatic appli half leg		NO		NO				8/1/10
		SEGMENTAL PNEUMATIC								
		APPLIANCE FOR USE WITH								
		PNEUMATIC COMPRESSOR, INTEGRATED, 2 FULL LEGS AND								CMS ADDED
571	E0670	TRUNK		N0		NO			M	1/1/13
3/1	E0070	IKUNK		110		NO			IVI	PA for purchase
										and RR endated
										removed eff.
572	E0671	Pressure pneum appl full leg		NO		NO			\$397.36	
										PA for purchase
										and RR endated
										removed eff.
573	E0672	Pressure pneum appl full arm		NO		NO			\$308.75	
										PA for purchase
										and RR endated
										removed eff.
574	E0673	Pressure pneum appl half leg		NO		NO			\$256.56	8/1/10

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1	MEDICAI	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedu	de 7/1/10; rev 8/1/10; rev 10/5/10; rev 1	1/3/10; rev 12/1	0; rev 1/1/1	1; REV 1/	1/13				
		tes new codes or changes for the most of								
	_	d for rentals as indicated on the fee sch								
7		rance of a code on this fee schedule does		coverage.						
_		ty limit is exceeded, a CMN & PA are re regulation, any item \$500 or over requi								
°	by current	regulation, any item \$500 or over requi	CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
		_		_			_			\$257.59 former
		Pneumatic compression device, high								rate change eff.
575	E0675	press.for arterial insufficiency	Y/12 months	YES		Y/month	YES	\$307.64	NA	1/15/08
		Intmt. Limb compression device,								code added
576	E0676	includes all accessories, NOC	YES	YES		Y/month	YES	M	M	01/02/2007
										CMS description
 E77	E0705	t		NO		NO			¢52.72	chg. 1/08 removed board
5//	E0705	transfer device, any type each		NO		NO			\$52.73	removed board
578	E0720	Tens two lead	Y/ 12 months	YES		Y/ month	YES	\$30.81	\$308.11	
579	E0730	Tens four or more lead	Y/ 12 months	YES		Y/month	YES	\$32.14	\$321.42	
590	E0731	Conductive garment for tens	Y/ 12 months	YES		NA			\$341.24	
300	E0/31	Conductive garment for tens	1/12 monus	LES		INA			Ф 341.24	
581	E0744	Neuromuscular stim for scoli	Y/ 12 months	YES		Y/ month	YES	\$87.60	\$876.00	
582	E0745	Neuromuscular stim for shock	Y/ 12 months	YES		Y/ month	YES	\$85.64	\$856.40	
					1 per 5					
583	E0747	Elec osteogen stim not spine	Y/ 12 months	YES	years	NA			\$2,850.30	

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2										
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		,			,					
4	Red indica	tes new codes or changes for the most o								
		ed for rentals as indicated on the fee sch								
6		rance of a code on this fee schedule does		coverage.						
7	If a quanti	ty limit is exceeded, a CMN & PA are re	quired.							
8	By current	t regulation, any item \$500 or over requi								
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
					1 per 5					
584	E0748	Elec osteogen stim spinal	Y/ 12 months	YES	years	NA			\$3,352.50	
	F05.60	Osteogenesis stimulator, noninvasive,	****	******	1 per 5	27.1			42.75 0.70	
585	E0760	ultrasound	Y/ 12 months	YES	years	NA			\$2,778.50	code added
		towns towns and the Line of the Decision								
F06	E0762	transcutaneous elect. Joint stim. Device, incl. all accessories	V/12	YES		NIA			¢0.57.00	04/02/2007; rate
200	E0762	functional neuromuse. Stim.	Y/12 months	YES		NA			\$857.90	set 1/15/08
		Transcutaneous spinal cord injury entire								code added
587	E0764	system	Y/12 months	YES		NA			\$8 1 <i>1</i> 1 75	04/02/2007
307	E0704	system	1/12 monuis	1123		IVA			φο,141.73	04/02/2007
		electrical stimulation or electromagnetic								
588	E0769	wound RX device NOC	Y/6 months	YES		Y/month	YES	M	NA	
	20,07	functional electrical stimulator,	2,3 1110111115	120		1/month	1 Lb	171	1171	
		transcutaneous, any type, compete								CMS addition
589	E0770	system, NOC	Y/12 months	YES		Y/month	YES	M	M	1/1/09
										PA for purchase
										and RR endated
					1 per 5					removed eff.
590	E0776	IV pole	Y/12 months	NO	years	Y/month	NO	\$11.64	\$116.42	8/1/10

	А	В	С	D	Е	F	G	Н	I	J
1	MEDICAII	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedu	le 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	/3/10; rev 12/1	0; rev 1/1/1	1; REV 1/	1/13				
4	Red indicat	tes new codes or changes for the most of								
5		d for rentals as indicated on the fee sch								
6	•	ance of a code on this fee schedule does		coverage.						
		y limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requi								
			CMN	D			D4-1			
			expiration date for	Purchase PA &			Rental PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental		Rental Price	Price	date updated
		Ambulatory Infusion pump, reuseable <	Tentar	required	Limits	Kentai	required	Rental Free	TIICC	date updated
591	E0780	8 hours		NO		NA			\$9.92	
					1 per 5					
592	E0781	External ambulatory infus pu	Y/ 12 months	YES	years	Y/ month	YES	\$253.40	\$2,534.00	
					1 per 5					
593	E0782	Non-programmable infusion pump	Y/ 12 months	YES	years	Y/ month	YES	\$369.97	\$3,699.70	
										covered only in a
		Infustion pump system, implantable,								hospital that does
594	E0783	programable, all com	Y/12 months	YES		NA			\$7 337 00	not bill Medicaid
334	L0703	programable, an com	1/12 months	ILS		IVA			Ψ1,331.00	rate set
										08/01/2007; rate
										change 4-1-09
										from\$375.81 RR
					1 per 5					and purchase
595	E0784	Ext amb infusn pump insulin	Y/ 12 months	YES	years	Y/ month	YES	\$400.00	\$4,000.00	\$3758.10
596	E0791	Parenteral infusion pump sta	Y/ 12 months	YES		Y/ month	YES	\$302.50	\$3,025.00	
	E0840	Tract frame attach headboard	1/ 12 monuis	NO		NA	ILO	ψ302.30	\$5,023.00	
557	20010	Traction equipment, cervical, free		110		1111			Ψυν.υν	rate set
598	E0849	standing stand/frame pneumatic	Y/12 months	YES		Y/month	YES	\$46.38	\$463.78	08/01/2007

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1	MEDICAI	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedu	ule 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	/3/10; rev 12/1	10; rev 1/1/1	11; REV 1/	1/13				
4		tes new codes or changes for the most o								
		ed for rentals as indicated on the fee scho								
6		rance of a code on this fee schedule does		coverage.						
7	_	ty limit is exceeded, a CMN & PA are re	_							
8	By current	regulation, any item \$500 or over requi								
			CMN expiration date for	Purchase PA &			Rental PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
599	E0850	Traction stand free standing		NO		NO	-		\$100.51	•
600	E0855	Cervical traction equipment	Y/ 12 months	YES		Y/ month	YES	\$48.09	\$480.86	
000	E0033	Cervical traction equipment	1/ 12 months	1123		17 IIIOIIIII	ILS	\$40.09	ψ+60.60	CMS addition
										1/08 rate set 8-1-
										08. PA removed
		Cervical traction device, cervical collar								eff. DOS 8-1-08
601	E0856	with inflatable air bladder		NO		NO			\$123.22	and after.
	E0860	Tract equip cervical tract		NO		NO			\$35.51	
	E0870	Tract frame attach footboard		NO		NO			\$111.27	
604	E0880	Trac stand free stand extrem		NO		NO			\$120.10	
605	E0890	Traction frame attach pelvic		NO		NO			\$114.38	
	E0900	Trac stand free stand pelvic		NO		NO	1		\$122.58	

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		,			•					
4	Red indicat	es new codes or changes for the most of								
5	PA require	d for rentals as indicated on the fee sch	edule.							
6	The appear	ance of a code on this fee schedule does	not guarantee	coverage.						
7		y limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requi								
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
	TTGDGG	.	purchase or	CMN	T.	D 4 1	CMN	D (1D)	Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
										rate change eff.
										DOS 4/1/09;
										former rates
										purchase
										\$191.30, RR
										\$19.13; PA for
										purchase and PA
										for RR removed
607	E0910	Trapeze bar attached to bed		NO		Y/ month	NO	\$18.10	\$181.10	eff. 8/1/10
										rate set
										08/01/2007;PA
										for purchase and
										PA for RR
		Trapeze bar heavy duty wt. greater than								removed eff.
608	E0911	250#		NO		Y/month	NO	\$44.87	\$448.70	
	E0012	Trapeze bar heavy duty wt. greater than	XX/10	T/TEG		X7/ -1	T.TEG	ф102 °2	φ1 02C 2C	rate set
609	E0912	250# free standing	Y/12 months	YES		Y/month	YES	\$103.02	\$1,030.20	08/01/2007;
610	E0920	Fracture frame attached to b	Y/ 12 months	YES		Y/ month	YES	\$44.14	\$441.40	

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1	MEDICAL	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedu	de 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	/3/10; rev 12/1	0; rev 1/1/1	11; REV 1/	1/13				
		tes new codes or changes for the most of								
		d for rentals as indicated on the fee sche								
6		rance of a code on this fee schedule does		coverage.						
7		ty limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requi								
			CMN expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental		Rental Price	Price	date updated
				1040						
611	E0930	Fracture frame free standing	Y/ 12 months	YES		Y/ month	YES	\$37.15	\$371.50	
612	E0935	Exercise device passive moti	Y/ 12 months	YES	21 days	Y/ day	YES	\$21.75	NA	
										rate change eff.
										DOS 4/1/09;
										former rates
										purchase
										\$295.50, RR
										\$29.55; PA for
										purchase and PA
										for RR removed
613	E0940	Trapeze bar free standing		NO		Y/ month	NO	\$27.96	\$279.60	eff. 8/1/10
										DA Community
										PA for purchase and RR removed
614	E0941	Gravity assisted treation do		NO		V/month	NO	¢41.52	¢415 20	eff. 8/1/10
	E0941 E0942	Gravity assisted traction de Cervical head harness/halter		NO NO		Y/ month NO	NO	\$41.53	\$415.30 \$18.99	
	E0942 E0944	Pelvic belt/harness/boot		NO		NO			\$18.99	
	E0945	Belt/harness extremity		NO		NO			\$40.10	

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3	Fee Schedu	ule 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	/3/10; rev 12/1	0; rev 1/1/1	1; REV 1/	1/13				
4	Red indica	tes new codes or changes for the most of								
5	PA require	ed for rentals as indicated on the fee scho	edule.							
6	The appear	rance of a code on this fee schedule does	not guarantee	coverage.						
		ty limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requi								
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
618	E0946	Fracture frame dual w cross	Y/ 12 months	YES		Y/ month	YES	\$48.11	\$481.10	
	L0710	Tractare traine data w cross	17 12 months	TES		17 month	TES	ψ10.11	ψ101.10	
619	E0947	Fracture frame attachmnts pe	Y/ 12 months	YES		Y/ month	YES	\$58.02	\$580.20	
620	E0948	Fracture frame attachmnts ce	Y/ 12 months	YES		Y/ month	YES	\$56.12	\$561.19	
020	E0940	Tracture frame attachmints ee	1/ 12 months	1123		17 IIIOIIIII	1123	\$50.12	φ301.19	rate change eff.
										DOS 4/1/09;
										former rate
										purchase \$99.45;
										PA ended 12-1-
621	E0950	W/C tray		NO		NO			\$94.07	09
										rate change eff.
										DOS 4/1/09;
										former rate
622	E0951	Loop, heel, each		NO		NO			\$15.09	purchase \$15.80
										rate change eff.
										DOS 4/1/09;
										former rate
623	E0952	Loop tie		NO		NO			\$14.48	purchase \$15.32

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1	MEDICAL	D PROGRAM DME FEE SCHEDULE								
2										
3	Foo Schod	ule 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	1/3/10· rov 12/1	10. rov 1/1/1	11. PFV 1.	/1/13				
	ree Scheu	me 7/1/10, 1ev 6/1/10, 1ev 10/3/10, 1ev 11	1/3/10, 1ev 12/1	10, 164 1/1/1	11, KEV 1/	1/13				
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4		tes new codes or changes for the most of								
5 6		ed for rentals as indicated on the fee schorance of a code on this fee schedule does) aavaraga						
7		ty limit is exceeded, a CMN & PA are re		coverage.						
8		t regulation, any item \$500 or over requi								
-	by current	Tegulation, any item \$300 or over requi	CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental		Rental Price	Price	date updated
		W/C accessory, headrest, cushioned,					-			•
624	E0955	prefab with mounting hardware, each	Y/6 months	YES		NO			MSRP-22%	
		W/C accessory, lateral trunk or hip								
		support, prefab with mounting hardware,								
625	E0956	each	Y/6 months	YES		NO			MSRP-22%	
		W/C accessory, medial thigh support,								
626	E0957	prefab with mounting hardware, each	Y/6 months	YES		NO			MSRP-22%	
									* · · = · · o	
627	E0958	Whlchr att- conv 1 arm drive manual	Y/ 6 months	YES		Y/ month	YES	\$41.74	\$417.40	
620	E0959	A		NO		NO			\$20.70	rate set
020	E0939	Amputee adapter		NO		NO			\$39.19	08/01/2007
		W/C accessory, houlder harness/straps								
629	E0960	or chest strap, incl. Mounting hardware	Y/6 months	YES		NO			MSRP-22%	
1025	20700	or elect strap, mer. mounting nartware	1/0 months	110		110			14151CI 22/0	PA for purchase
										and PA for RR
										removed eff.
630	E0961	Wheelchair brake extension		NO		Y/month	NO	\$2.42	\$24.19	

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2										
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4	Red indica	tes new codes or changes for the most o								
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6		rance of a code on this fee schedule does		coverage.						
7		ty limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requi								
			CMN expiration date for purchase or	Purchase PA & CMN			Rental PA& CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
		Manual WC accessory-headrest								PA for purchase and PA for RR removed eff.
631	E0966	extension		NO		Y/month	NO	\$6.22	\$62.17	
622	E0967	Wheelchair hand rims w/projections, any		NO		V/ month	NO	¢5.01		rate set 08/01/2007; PA for purchase and and PA for RR removed eff.
032	EU90/	type		NO		Y/ month	NO	\$5.91	\$59.12	0/1/10
633	E0968	Wheelchair commode seat	Y/6 months	YES		Y/ month	YES	\$14.58	\$145.80	
634	E0969	Wheelchair Narrowing device		NO		Y/ month	NO	\$14.84	\$148.35	PA for purchase and PA for RR removed eff. 8/1/10

	Α	В	С	D	Е	F	G	Н	I	J
1	MEDICAL	D PROGRAM DME FEE SCHEDULE								
2										
3	Foo Schody	le 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	/3/10. pov 12/1	10. rov 1/1/1	11. DEV 1	1/12				
3	r ee Schedu	lle 7/1/10; 1ev 8/1/10; 1ev 10/5/10; 1ev 11		10; rev 1/1/1	11; KE V 1/	1/13				
		tes new codes or changes for the most of								
		d for rentals as indicated on the fee scho								
6		rance of a code on this fee schedule does		e coverage.						
7		y limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requi								
			CMN	D			D4-1			
			expiration	Purchase			Rental			
			date for	PA &			PA&		D 1	
	HCDGG	D	purchase or	CMN	T. •.	D (1	CMN	L	Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated Crosswalk codes
										are K0037 &
										K0042. E0970
										will be removed
										from the fee
										schedule
										effective DOS 8-
										1-08 and after.
										PA for purchase
										and PA for RR
l										removed eff
635	E0970	Wheelchair no. 2 footplates		NO		Y/month	NO	\$3.92	\$39.17	
										rate set
										08/01/2007; PA
										for purchase and
										PA for RR
										removed eff with
636	E0971	Wheelchair anti-tipping device each		NO		Y/month	NO	\$3.96	\$39.59	reg change

	А	В	С	D	Е	F	G	Н	I	J
1		D PROGRAM DME FEE SCHEDULE	_							_
2										
	F 61 1	3 7 1 1 1 0 0 1 1 1 0 1 1 1 1 1 1 1 1 1 1	12/10 12/1	10 1/1/1	1 DEV. 1	11.11.0				
3	Fee Schedu	de 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	/3/10; rev 12/1	lu; rev 1/1/1	11; REV 1/	1/13				
4	Red indicat	tes new codes or changes for the most of								
5		d for rentals as indicated on the fee sche								
6		rance of a code on this fee schedule does		e coverage.						
7		y limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requi								
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
	1									rate change to
										begin DOS
										4/1/09 purchase
										\$88.44, RR
										\$8.84; rate
										change 3/1/10;
										PA for purchase
										and PA for RR
										removed eff.
637	E0973	Wheelchair adjustable height		NO		Y/month	NO	\$8.42	\$84.20	
										PA for purchase
										and PA for RR
										removed eff.
638	E0974	Wheelchair grade-aid		NO		Y/month	NO	\$6.96	\$69.57	
										rate set
										08/01/2007; PA
										for purchase
										removed eff
639	E0978	Wheelchair belt w/airplane b		NO		NO			\$38.43	8/1/10

	А	В	С	D	E	F	G	Н	I	J
1	MEDICAI	D PROGRAM DME FEE SCHEDULE	1							
2										
3	Fee Schedi	ale 7/1/10; rev 8/1/10; rev 10/5/10; rev 1	1/3/10; rev 12/	10; rev 1/1/1	1; REV 1	/1/13				
4	Red indica	tes new codes or changes for the most	c							
5	PA require	ed for rentals as indicated on the fee sch	edule.							
6		rance of a code on this fee schedule does		e coverage.						
		ty limit is exceeded, a CMN & PA are r								
8	By current	regulation, any item \$500 or over requ								
9	HCPCS	Description	CMN expiration date for purchase or rental	Purchase PA & CMN required	Limits	Rental	Rental PA& CMN	Rental Price	Purchase Price	date updated
9	inci es	Description	Tentai	requireu	Limits	Kentai	requireu	Kentai i ite	Tite	PA for purchase
										and removed eff.
640	E0980	Wheelchair safety vest		NO		NO			\$31.62	8/1/10
										\$47.59 former rate change eff. 1/15/08; rate change eff. DOS 4/1/09; former
		W/C accessory, seat upholstery,								rate purchase
641	E0981	replacement only, each, pt. owned		NO		NO			\$42.67	\$47.15
642	E0982	W/C accessory, back upholstery, replacement, only, patient owned manual WC access., power add-on to		NO		NO			\$44.48	
		convert manual WC to motorized,								
643	E0983	joystick control	Y/ 6 months	YES		Y/month	YES	\$262.43	\$2,624.30	added eff. 1-1-09
644	E0985	W/C accessory, seat lift mechanism		NO		Y/month	NO	\$19.27	\$192.70	PA for purchase and PA for RR removed eff. 8/1/10
U-1-1	10702	Manual WC accessory-push activated	1	110		1/IIIOIIIII	110	Ψ17.27	ψ1,72.70	code added
645	E0986	power assist	Y/6 months	YES		Y/month	YES	M	M	effective 8/1/07

	Α	В	С	D	Е	F	G	Н	I	J
1	MEDICAII	PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedu	le 7/1/10; rev 8/1/10; rev 10/5/10; rev 1	1/3/10; rev 12/1	10; rev 1/1/1	1; REV 1/	1/13				
4	Red indicat	es new codes or changes for the most of	2							
5	PA require	d for rentals as indicated on the fee sch	edule.							
6		ance of a code on this fee schedule does		coverage.						
7		y limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requ								
			CMN							
			expiration	Purchase			Rental			
			date for	PA & CMN			PA& CMN		Purchase	
9	HCPCS	Deganintian	purchase or rental		T imita	Dontal		Dantal Drias	Purcnase Price	doto undotod
-	ncres	Description	rentai	required	Limits	Rental	required	Rental Price	Price	date updated
										rate change
										eff.DOS 4/1/09;
										former rates
										purchase
										\$112.35, RR
										\$11.24; PA for
										purchase and PA
										for RR removed
	E0990	Wheelchair elevating leg res		NO		Y/ month	NO	\$10.63		eff. 8/1/10
	E0992	Wheelchair solid seat insert		NO		NO			\$79.18	
648	E0994	Wheelchair arm rest		NO		NO			\$16.87	
										rate change eff.
										DOS 4/1/09;
640	E0995	W/haalahain aalf mast		NO		NO			¢25 12	former rate
049	正いりりつ	Wheelchair calf rest W/C accessory, power seating system,		NO		NO			\$23.12	purchse \$26.56
650	E1002	tilt only	Y/6 months	YES		NO			MSRP-22%	
030	E1002	thit only	1/O IIIOIIUIS	1 ES		NO			WISKT-22%	
		W/C accessory, power seating system,								
651	E1003	recline only w/o shear reduction	Y/6 months	YES		NO			MSRP-22%	

	А	В	С	D	Е	F	G	Н	I	J
1	MEDICAI	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedu	ıle 7/1/10; rev 8/1/10; rev 10/5/10; rev 1	1/3/10; rev 12/1	10; rev 1/1/1	11; REV 1/	1/13				
4	Red indica	tes new codes or changes for the most	c							
5	PA require	ed for rentals as indicated on the fee sch	edule.							
6	The appear	rance of a code on this fee schedule does	not guarantee	coverage.						
7		ty limit is exceeded, a CMN & PA are ro								
8	By current	regulation, any item \$500 or over requ								
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&		D 1	
١,	HODGG	D	purchase or	CMN	T,	D 4 1	CMN	D 4 1D 1	Purchase	1, 1, 1
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
652	E1004	W/C acessory, power seating system, recline only, with shear reduction	Y/6 months	YES		NO			MSRP-22%	
032	E1004	rectifie offry, with shear reduction	1/0 monus	IES		NO			WISKF-22%	
		W/C acessory, power seating system,								
653	E1005	recline only with power shear reduction	Y/6 months	YES		NO			MSRP-22%	
000	21005	W/C accessory, power seating	170 months	125		1,0			1/15/11 22/0	
		sys.,comb. Tilt/recline, w/o shear								
654	E1006	reduction	Y/6 months	YES		NO			MSRP-22%	
		W/C accessory, power seating								
		sys.,comb. Tilt/recline, w/mech. Shear								
655	E1007	reduction	Y/6 months	YES		NO			MSRP-22%	
		W/C accessory, power seating								
		sys.,comb. Tilt/recline, w/power shear								
656	E1008	reduction	Y/6 months	YES		NO			MSRP-22%	
	E4000	W/C accessory, add. To power	****						3.600	
657	E1009	sys.,mech. Linked leg elevation system	Y/6 months	YES		NO			MSRP-22%	
050	E1010	W/C accessory, add. To power	V//C	MEG		NO			MCDD 220/	
658	E1010	sys.,power leg elevation system	Y/6 months	YES		NO			MSRP-22%	1 11 1
050	E1011	Modification to ped. W/C Width adj.	V/C 1	NEG		NO			3.4	code added
659	E1011	pkg	Y/6 months	YES		NO			M	07/02/2007

	Α	В	С	D	Е	F	G	Н	I	J
1	MEDICAL	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedu	de 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	/3/10; rev 12/1	10; rev 1/1/1	11; REV 1/	1/13				
4	Red indica	tes new codes or changes for the most of								
5	PA require	d for rentals as indicated on the fee sch	edule.							
6	The appear	rance of a code on this fee schedule does	not guarantee	coverage.						
7		ty limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requi								
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
	~~		purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
										code added
										07/02/2007 rate
										set eff. 1/15/08;
										PA for purchase
										removed eff.
660	E1014	reclining back addt. To ped sizeWC		NO		NO			\$292.11	8/1/10
661	E1015	Shock absorber for manual wheelchair	Y/6 months	YES		NO			MSRP-22%	
										code added
										11/07/07; PA
										ended eff. 12-1-
662	E1016	Shock absorber for power wheelchair		NO		NO			\$118.18	09
		Heavy duty Shock absorber for heavy								
		dty or extra-heavy dty power wheelchair,								
663	E1018	each	Y/6 months	YES		NO			M	code added 5/10

	Α	В	С	D	Е	F	G	Н	I	J
1	MEDICAL	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedu	de 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	/3/10· rev 12/1	10. rev 1/1/1	11. RFV 1/	/1/13				
٣	Tec Beneau	ne 7/1/10, 104 0/1/10, 104 10/5/10, 104 11	13/10, 10/ 12/		11, KE V 1/					
4	Red indicat	tes new codes or changes for the most o								
5		d for rentals as indicated on the fee sche								
6	The appear	rance of a code on this fee schedule does	not guarantee	coverage.						
7		y limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requi								
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
	TT GD GG	- · · ·	purchase or	CMN	-		CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated rate change eff.
										DOS 4/1/09;
										former rates
										purchase
										\$243.31, RR
										\$27.75; PA for
										purchase and PA
										for rental
		Decided Links Construction Con-								
664	E1020	Residual Limb Support system for		NO		X// 41-	NO	\$22.02	¢220.20	removed eff
004	E1020	wheelchair W/C accessory, man. Swingaway,retr.		NO		Y/ month	NO	\$22.02	\$220.29	0/1/10
665	E1028	Or remov. Hardware for	Y/6 months	YES		NO			MSRP-22%	
	E1028	W/C accessory, ventilator tray, fixed	Y/6 months	YES		NO			MSRP-22% MSRP-22%	
000	L-1049	vv/C accessory, venturator tray, fixed	1/0 monus	1 Lo		NO			WISKF -22%	
667	E1030	W/C accessory, ventilator tray, gimbaled	Y/6 months	YES		NO			MSRP-22%	
668	E1031	Rollabout chair with casters	Y/6 months	YES		Y/ month	YES	\$41.07	\$410.70	

	Α	В	С	D	Е	F	G	Н	I	J
1	MEDICAI	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedu	ıle 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	/3/10; rev 12/1	10; rev 1/1/1	11; REV 1/	1/13				
4	Red indica	tes new codes or changes for the most o								
5	PA require	d for rentals as indicated on the fee sch	edule.							
6		rance of a code on this fee schedule does		coverage.						
7		ty limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requi								
			CMN							
			expiration	Purchase			Rental			
			date for purchase or	PA & CMN			PA& CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental		Rental Price	Purchase Price	date updated
-	incres	Description	Tentai	requireu	Lillits	Kentai	requireu	Kentai i i ce	11100	uate upuateu
										added to fee
										schedule 5/21/08
		Mult. Positional transfer system, with								for DOS 4/30/08
669	E1035	integrated seat	Y/12 months	YES		Y/month	YES	\$490.56	\$4,905.60	and after
		multi-positioNOl transfer system								
		w/integrated seat, x-wide, member wt								CMS added
670	E1036	>300#	Y/12 months	YES		Y/month	YES	M	M	1/1/10
074	E1027		X7/6 .1	MEG		X7/ .1	MEG	MGDD 150/	MCDD 150/	
6/1	E1037	Transport Chair, pediatric size	Y/6 months	YES		Y/month	YES	MSRP-15%	MSRP-15%	
672	E1038	Transport Chair, adult size	Y/6 months	YES		Y/month	YES	MSRP-15%	MSRP-15%	
012	L1030	transport chair, adult size heavy duty, wt.		TES		1/month	TES	WISICI 1370	1415KI 1570	
673	E1039	> 250 lbs	Y/6 months	YES		Y/month	YES	MSRP-15%	MSRP-15%	
674	E1050	Wheelchr fxd full length arms	Y/6 months	YES		Y/ month	YES	\$88.29	\$882.90	
675	E1060	Wheelchair detachable arms	Y/6 months	YES		Y/ month	YES	\$120.61	\$1,206.10	
676	E1065	Wheelchair power attachment	Y/6 months	YES		Y/ month	YES	\$252.86	\$2,528.60	

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1	MEDICAL	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedu	de 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	1/3/10; rev 12/1	10; rev 1/1/1	1; REV 1/	1/13				
		tes new codes or changes for the most of								
		d for rentals as indicated on the fee scho								
7		rance of a code on this fee schedule does by limit is exceeded, a CMN & PA are re		coverage.						
		regulation, any item \$500 or over requi								
٣	by current	regulation, any item \$200 or over requi	CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
677	E1070	Wheelchair detachable foot r	Y/6 months	YES		Y/ month	YES	\$104.78	\$1,047.80	
678	E1083	Hemi-wheelchair fixed arms	Y/6 months	YES		Y/ month	YES	\$75.33	\$753.30	
679	E1084	Hemi-wheelchair detachable a	Y/6 months	YES		Y/ month	YES	\$93.85	\$938.50	
680	E1085	Hemi-wheelchair fixed arms	Y/6 months	YES		Y/ month	YES	\$66.21	\$662.10	
681	E1086	Hemi-wheelchair detachable a	Y/6 months	YES		Y/ month	YES	\$80.40	\$804.00	
682	E1087	Wheelchair lightwt fixed arm	Y/6 months	YES		Y/ month	YES	\$102.88	\$1,028.80	
683	E1088	Wheelchair lightweight det a	Y/6 months	YES		Y/ month	YES	\$122.60	\$1,226.00	
684	E1089	Wheelchair lightwt fixed arm	Y/6 months	YES		Y/ month	YES	\$97.74	\$977.40	
685	E1090	Wheelchair lightweight det a	Y/6 months	YES		Y/ month		\$128.27	\$1,282.70	
686	E1092	Wheelchair wide w/ leg rests	Y/6 months	YES		Y/ month	YES	\$110.61	\$1,106.10	

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1	MEDICAL	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedu	de 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	/3/10; rev 12/1	10; rev 1/1/1	1; REV 1/	/1/13				
		tes new codes or changes for the most of								
		d for rentals as indicated on the fee sch								
6		rance of a code on this fee schedule does		coverage.						
7		ty limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requi	res a PA. CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
	1									
687	E1093	Wheelchair wide w/ foot rest	Y/6 months	YES		Y/ month	YES	\$90.01	\$900.10	
688	E1100	Whehr s-reel fxd arm leg res	Y/6 months	YES		Y/ month	YES	\$84.42	\$844.20	
689	E1110	Wheelchair semi-recl detach	Y/6 months	YES		Y/ month	YES	\$82.66	\$826.60	
										PA removed for
000	E1120	William and Colombia		NO		X 7/	NO	644 11	¢441.10	purchase and RR
690	E1130	Whlchr stand fxd arm ft rest		NO		Y/ month	NO	\$44.11	\$441.10	eff. 8/1/10
691	E1140	Wheelchair standard detach a	Y/6 months	YES		Y/ month	YES	\$58.42	\$584.20	
692	E1150	Wheelchair standard w/ leg r	Y/6 months	YES		Y/ month	YES	\$67.71	\$677.10	
693	E1160	Wheelchair fixed arms	Y/6 months	YES		Y/ month	YES	\$54.43	\$544.30	
		Wheelchair Manual Adult Size, includes								
694	E1161	tilt in space	Y/6 months	YES		Y/month	YES	MSRP-15%	MSRP-15%	
695	E1170	Whlchr ampu fxd arm leg rest	Y/6 months	YES		Y/ month	YES	\$85.45	\$854.50	
696	E1171	Wheelchair amputee w/o leg r	Y/6 months	YES		Y/ month	YES	\$65.18	\$651.80	

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1	MEDICAI	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedu	ıle 7/1/10; rev 8/1/10; rev 10/5/10; rev 1	1/3/10; rev 12/1	10; rev 1/1/1	11; REV 1	/1/13				
		tes new codes or changes for the most of								
		ed for rentals as indicated on the fee sch								
6		rance of a code on this fee schedule does		coverage.						
7 8		ty limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requi	CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
	1									
697	E1172	Wheelchair amputee detach ar	Y/6 months	YES		Y/ month	YES	\$79.65	\$796.50	
698	E1180	Wheelchair amputee w/ foot r	Y/6 months	YES		Y/ month	YES	\$96.95	\$969.50	
699	E1190	Wheelchair amputee w/ leg re	Y/6 months	YES		Y/ month	YES	\$112.01	\$1,120.10	
700	E1195	Wheelchair amputee heavy dut	Y/6 months	YES		Y/ month	YES	\$120.19	\$1,201.90	
701	E1200	Wheelchair amputee fixed arm	Y/6 months	YES		Y/ month	YES	\$80.14	\$801.40	
702	E1220	Wheelchair Specially sized or constructed	Y/6 months	YES		Y/ month	YES	MSRP-15%	MSRP-15%	
										description chg. 9/9/08; PA for purchase and RR removed eff.
703	E1221	Wheelchair with fixed arms w footrests		NO		Y/ month	NO	\$38.63	\$386.30	
704	E1222	Wheelchair w/fixed arm w elevating leg rests	Y/6 months	YES		Y/ month	YES	\$55.12	\$551.20	description chg. 9/9/08
	E1223	Wheelchair detachable arms w footrests	Y/6 months	YES		Y/ month		\$60.19	\$601.90	description chg.

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1	MEDICAL	D PROGRAM DME FEE SCHEDULE								
2										
3	Foo Sahada	ıle 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	/2/10. mov 12/1	ΙΛι νον: 1/1/1	1. DEV 1	/1/12				
-	ree Scheut	me //1/10; rev 8/1/10; rev 10/5/10; rev 11		lu; rev 1/1/1	11; KEV 1/	1/13				
		tes new codes or changes for the most of								
		ed for rentals as indicated on the fee scho								
7		rance of a code on this fee schedule does		e coverage.						
8		ty limit is exceeded, a CMN & PA are re regulation, any item \$500 or over requi								
0	by current	regulation, any nem 5500 or over requi	CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental		Rental Price	Price	date updated
		Wheelchair detachable arms w/ elevating		1			-			description chg.
706	E1224	leg rests	Y/6 months	YES		Y/ month	YES	\$65.99	\$659.90	9/9/08
		Wheelchair accessory manual semi-recl								description chg.
707	E1225	back recline>15 degrees but <80	Y/6 months	YES		Y/ month	YES	\$43.24	\$432.40	
		Wheelchair accessory manual full-recl								description chg.
708	E1226	back recline >80 degrees	Y/6 months	YES		Y/ month	YES	\$52.20	\$522.01	
										description chg.
709	E1227	Spec ht arms for WC	Y/6 months	YES		Y/ month	YES	\$24.48	\$244.80	
710	E1228	Sacrial hash haight for WC	V/C the	YES		V/ 41-	YES	\$26.91	\$268.10	description chg.
710	E1228	Special back height for WC Wheelchair, pediatric not otherwise	Y/6 months	YES		Y/ month	TES	\$26.81	\$208.10	9/9/08
711	E1229	classified	Y/6 months	YES		Y/month	YES	MSRP-15%	MSRP-15%	
 	111227	CHESSITION	1/0 months	1120		1/IIIOIIIII	115	1,151(1 15/0	WISICI 1570	
		Wheelchair, pediatric size, tilt-in-space,								
712	E1231	rigid, adjustable, with seating system	Y/6 months	YES		Y/month	YES	MSRP-15%	MSRP-15%	
		Wheelchair pediatric size, tilt-in space,								
713	E1232	folding, adjustable with seating system	Y/6 months	YES		Y/month	YES	MSRP-15%	MSRP-15%	
l		Wheelchair pediatric size, tilt-in space,								
714	E1233	rigid, adjustable without seating system	Y/6 months	YES		Y/month	YES	MSRP-15%	MSRP-15%	

	A	В	С	D	Е	F	G	Н	I	J
1	MEDICAL	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedu	de 7/1/10; rev 8/1/10; rev 10/5/10; rev 1	1/3/10; rev 12/1	10; rev 1/1/1	11; REV 1/	/1/13				
4	Red indica	tes new codes or changes for the most of								
5		d for rentals as indicated on the fee sch								
6		cance of a code on this fee schedule does		coverage.						
7		y limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requi								
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
	TTGDGG	D 1.4	purchase or	CMN	T	D (1	CMN	D (1D)	Purchase	
9	HCPCS	Description Wheelchair pediatric size, tilt-in space,	rental	required	Limits	Rental	required	Rental Price	Price	date updated
		folding, adjustable without seating								
715	E1234	system	Y/6 months	YES		Y/month	YES	MSRP-15%	MSRP-15%	
1.0	E123 1	system	170 months	TES		1/month	TES	WISICE 1370	141514 15 /0	description
										corrected to
		Wheelchair pediatric size, rigid,								remove tilt in
716	E1235	adjustable with seating system	Y/6 months	YES		Y/month	YES	MSRP-15%	MSRP-15%	space
		Wheelchair pediatric size, folding,								
717	E1236	adjustable with seating system	Y/6 months	YES		Y/month	YES	MSRP-15%	MSRP-15%	
		Wheelchair pediatric size, rigid,								
718	E1237	adjustable without seating system	Y/6 months	YES		Y/month	YES	MSRP-15%	MSRP-15%	
710	E1229	Wheelchair pediatric size, folding,	V/6 months	VEC		V/morth	YES	MCDD 150	MCDD 150/	
/ 19	E1238	adjustable without seating system	Y/6 months	YES		Y/month	TES	MSRP-15%	MSRP-15%	
720	E1240	Whehr litwt det arm leg rest	Y/6 months	YES		Y/ month	YES	\$83.77	\$837.70	
1.25	212.0		270 months	120		1, month	110	Ψ03.77	Ψ037.70	
721	E1250	Wheelchair lightwt fixed arm	Y/6 months	YES		Y/ month	YES	\$61.80	\$618.00	
722	E1260	Wheelchair lightwt foot rest	Y/6 months	YES		Y/ month	YES	\$75.79	\$757.90	
122	L1200	Wheelenan ngmwi 100t test	1/O IIIOIIIIIS	TES		1/ IIIOIIIII	TEO	φ13.19	ψ131.70	
723	E1270	Wheelchair lightweight leg r	Y/6 months	YES		Y/ month	YES	\$72.25	\$722.50	

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		tes new codes or changes for the most of								
		d for rentals as indicated on the fee scho								
6		rance of a code on this fee schedule does		coverage.						
7	_	ty limit is exceeded, a CMN & PA are re	1							
8	By current	regulation, any item \$500 or over requi	res a PA. CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental		Rental Price	Price	date updated
		•		_			-			•
724	E1280	Whchr h-duty det arm leg res	Y/6 months	YES		Y/ month	YES	\$125.58	\$1,255.80	
725	E1285	Wheelchair heavy duty fixed	Y/6 months	YES		Y/ month	YES	\$98.07	\$980.70	
726	E1290	Wheelchair hvy duty detach a	Y/6 months	YES		Y/ month	YES	\$114.02	\$1,140.20	
727	E1295	Wheelchair heavy duty fixed	Y/6 months	YES		Y/ month	YES	\$98.78	\$987.80	
728	E1296	Wheelchair special seat height	Y/6 months	YES		Y/ month	YES	\$39.98	\$399.82	
729	E1297	Wheelchair special seat dept	Y/6 months	YES		Y/ month	YES	\$9.61	\$95.95	
730	E1298	Wheelchair spec seat depth/w	Y/6 months	YES		Y/ month	YES	\$40.53	\$405.30	
731	E1300	Whirlpool portable, tub type	Y/6 months	YES		Y/ month	YES	M	M	
		O2 accessory, wheeled cart for portable								CMS addition
	E1354	cylinder or concentrator, each	Y/12 months	YES		Y/month	YES	M		1/1/09
733	E1355	Oxygen supplies stand/rack		NO		NO			\$22.40	rate chg. 1/1/09

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1	MEDICAL	D PROGRAM DME FEE SCHEDULE								
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4	Red indica	tes new codes or changes for the most of	c							
5	PA require	d for rentals as indicated on the fee sch	edule.							
6		cance of a code on this fee schedule does		coverage.						
7		ty limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requi								
			CMN expiration date for purchase or	Purchase PA & CMN			Rental PA& CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
		O2 accessory, battery pack/cartridge for								CMS addition
734	E1356	portable concentrator, any type, each	Y/12 months	YES		Y/month	YES	M	M	1/1/09
		O2 accessory, battery charger, for								CMS addition
735	E1357	portable concentrator, any type, each	Y/12 months	YES		Y/month	YES	M	M	1/1/09
726	E1358	O2 accessory, DC power adapter for	Y/12 months	YES		V/	YES	M	M	CMS addition 1/1/09
730	E1336	portable concentrator, any type, each	1/12 monus	IES		Y/month	IES	IVI	IVI	PA for purchase
										removed and RR
										endeded eff.
737	E1372	Oxy suppl heater for nebuliz		NO		NO			\$140.99	
										rate chg. 1/1/09;
										rate change
738	E1390	Oxygen concentrator	Y/12 months	YES		Y/ month	YES	\$173.17	NO	3/1/10 from
										rate chg. 1/1/09;
		O2 concentrator, dual del. Port, 85% or								rate change 3/1/10 from
730	E1391	>O2 concentration at presc. Flow rate	Y/12 months	YES		Y/month	YES	\$173.17	NO	\$175.79
139	121371	202 concentration at prese. Frow rate	1/12 months	TES		1/IIIOIIIII	ILO	φ1/3.1/	NO	Ψ1/3.//
										rate change
740	E1392	portable O2 concentrator, rental	Y/12 months	YES		Y/month	YES	\$51.63	NO	1/1/07
741	E1399	Miscellaneous DME	Y/12 months	YES		NO			M	

	Α	В	С	D	Е	F	G	Н	I	J
1	MEDICAI	D PROGRAM DME FEE SCHEDULE								
2										
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4	Red indica	tes new codes or changes for the most	c							
5	PA require	ed for rentals as indicated on the fee sch	edule.							
6	•	rance of a code on this fee schedule does		coverage.						
	•	ty limit is exceeded, a CMN & PA are re	<u> </u>							
8	By current	regulation, any item \$500 or over requ								
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&		D	
	HODGG	Demociation	purchase or	CMN	T !!4	D4 - 1	CMN	D 4 - 1 D	Purchase	J-4 J-4- J
9	HCPCS	Description	rental	required	Limits	Rental	requirea	Rental Price	Price	date updated
742	E1405	O2/water vapor enrich w/heat	Y/ 6 months	YES		Y/ month	YES	\$212.61	NO	rate chg. 1/1/09
743	E1406	O2/water vapor enrich w/o he	Y/ 6 months	YES		Y/ month	YES	\$192.71	NO	rate chg. 1/1/09
	E1700	Jaw motion rehab system	Y/ 6 months	YES		Y/ month	YES	\$32.99	\$329.91	
	E1701	Repl cushions for jaw motion		NO		NO			\$10.15	
746	E1702	Repl measr scales jaw motion		NO		NO			\$20.92	
747	E1800	Adjust elbow ext/flex device	Y/ 6 months	YES		Y/ month	YES	\$94.78	\$947.80	
7/ΙΩ	E1802	Dynamic adjustable forearm pronation/supination device, incl soft interface material, ea.	Y/ 6 months	YES		NO			M	added to fee schedule for DOS 03/01/09 and after
740	L1002	interrace material, ea.	1 / O IIIOIIIIIS	TES		NO			IVI	and anter
749	E1805	Adjust wrist ext/flex device	Y/ 6 months	YES		Y/ month	YES	\$97.27	\$972.70	
750	E1810	Adjust knee ext/flex device	Y/ 6 months	YES		Y/ month	YES	\$94.90	\$949.00	
751	E1812	Dynamic knee ext/flex. Device with active resistance control	Y/ 6 months	YES		Y/month	YES	\$77.39	NO	rate set 08/01/2007

	A	В	ГС	D	Е	F	G	Н	I	J
1	MEDICAI	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedi	ule 7/1/10; rev 8/1/10; rev 10/5/10; rev 1	1/3/10; rev 12/1	10; rev 1/1/1	1; REV 1	/1/13				
4	Red indica	tes new codes or changes for the most	c							
5	PA require	ed for rentals as indicated on the fee sch	edule.							
6	The appea	rance of a code on this fee schedule does	s not guarantee	coverage.						
7		ty limit is exceeded, a CMN & PA are re								
8	By current	t regulation, any item \$500 or over requ								
			CMN	Danishana			Domási			
			expiration date for	Purchase PA &			Rental PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental		Rental Price	Price	date updated
				1040000						P
752	E1815	Adjust ankle ext/flex device	Y/6 months	YES		Y/ month	YES	\$97.27	\$972.70	
753	E1820	Soft interface material		NO		NO			\$78.20	
754	E1025	A 1: (C) (C)	X// 6 1	MEG		X7/ .1	MEG	ФОД ОД	фо ло л о	
754	E1825	Adjust finger ext/flex devc	Y/ 6 months	YES		Y/ month	YES	\$97.27	\$972.70	
755	E1830	Adjust toe ext/flex device	Y/ 6 months	YES		Y/ month	YES	\$97.27	\$972.70	
756	E1840	Dynamic adjustable shoulder flexion/abduction rotation device, incl. soft interface	Y/6 months	YES		Y/month	YES	\$401.85	NO	added to fee schedule for DOS 2/1/10 and after
757	E1841	Static progressive stretch shoulder device,w/woROM adj. incl. all components & access., each	Y/6months	YES		Y/month	YES	\$407.70	NO	rate set 08/01/2007 CMS description change 1/08
758	E2000	Gastric suction pump, home model, portable or stationary, electric		NO		Y/ month	NO	\$37.23	\$372.30	PA removed for purchase and PA for RR removed eff. 8/1/10

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1	MEDICAL	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedu	ıle 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	/3/10· rev 12/1	10. rev 1/1/1	1. RFV 1/	1/13				
ا ا	Tec Schede	ne 7/1/10, 1ev 0/1/10, 1ev 10/5/10, 1ev 11	15/10, 10, 12/1		11, KE v 1/	1/13				
,	D . 4 ! 4!	4								
		tes new codes or changes for the most of ed for rentals as indicated on the fee scho								
6		rance of a code on this fee schedule does		coverage						
7		ty limit is exceeded, a CMN & PA are re		coverage.						
_		regulation, any item \$500 or over requi	_							
	J		CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
										G '11.1
										Coverage will be
		Disciol Classes Medical Michael Manager			1					through
750	E2100	Blood Glucose Monitor with integrated voice synthesizer	Y/ 6 months	YES	1 per 4	NO			¢ (15.22	pharmacy 10/5/10 and after
759	E2100	Man. W/C non-standard seat frame,	1/ 6 monus	TES	years	NO			\$015.55	10/5/10 and after
760	E2201	width >=20" and < 24"	Y/6 months	YES		NO			MSRP-22%	
700	L2201	Man. W/C non-standard seat frame,	170 months	ILS		110			WISICI -22 /0	
761	E2202	width 24-27"	Y/6 months	YES		NO			MSRP-22%	
		Man. W/C nonstandard seat frame depth								
762	E2203	20 to < 22"	Y/6 months	YES		NO			MSRP-22%	
		Man. W/C nonstandard seat frame depth								
763	E2204	22 to 25"	Y/6 months	YES		NO			MSRP-22%	
		Manual W/C access. Handrim w/o								
	F220.5	projections any type, replacement only,							425	CMS description
764	E2205	includes ergonomic or contoured, each		NO		NO			\$32.67	change 1/08
	F220 5	manual W/C accessory, wheel lock							***	
765	E2206	assembly, complete, each		NO		NO			\$40.68	

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2										
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4	Red indicat	tes new codes or changes for the most of								
		d for rentals as indicated on the fee scho								
6		rance of a code on this fee schedule does		coverage.						
7		y limit is exceeded, a CMN & PA are re								
8		regulation, any item \$500 or over requi								
			CMN							
9	HCPCS	Description	expiration date for purchase or rental	Purchase PA & CMN required	Limits	Rental	Rental PA& CMN	Rental Price	Purchase Price	date updated
F	i i	Description	Tentai	requireu	Lillits	Kentai	requireu	Kentai i i ice	TILLE	uate upuateu
766	E2207	W/C accessory, cane/crutch holder		NO		Y/month	NO	\$4.15	\$41.47	correction to fee schedule as to requiring PA 8/1/08; PA for purchase and PA for RR removed eff. 8/1/10
. 30				1.0			1.0	Ų.112	φ. A. 1. 1.	rate change 3/1/10 from RR\$11.36/\$113.6 4; PA for purchase and PA
	E2208	W/C access. Cylinder tank carrier, each		NO		Y/month	NO	\$10.75		for RR removed eff. 8/1/10

	Α	В	С	D	Е	F	G	Н	I	J
1	MEDICAII	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedu	le 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	/3/10; rev 12/1	10; rev 1/1/1	1; REV 1/	1/13				
4	Red indicat	es new codes or changes for the most of								
5	PA require	d for rentals as indicated on the fee sch	edule.							
	The appear	ance of a code on this fee schedule does	not guarantee	coverage.						
		y limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requi								
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&		D 1	
	HCPCS	Description	purchase or	CMN	T :!4	Damtal	CMN	Dantal Drian	Purchase	d.4d.4d
9	HCPCS	Description	rental	required	Limits	Rental	requirea	Rental Price	Price	date updated
										rate change eff.
										DOS 4/1/09;
										former rates
										purchase
										\$102.52, RR
										\$10.25; PA for
										purchase and PA
		W/C access. Arm trough, w/wo hand								for RR removed
768	E2209	support each		NO		Y/month	NO	\$9.70	\$96.98	eff. 8/1/10
										rate change eff.
										DOS 4/1/09;
		W/C access., bearings, any type,								former rate
769	E2210	replacement only, each, pt. owned		NO		NO			\$5.93	purchase \$6.27
		Man. W/C access. Pneumatic propulsion								
770	E2211	tire, any size each,		NO		NO			\$39.14	
		Man W/C access Tube for manager								
771	E2212	Man. W/C access. Tube for pneumatic propulsion tire, any size each		NO		NO			\$5.63	

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1	MEDICAI	D PROGRAM DME FEE SCHEDULE								
2										
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4	Red indica	tes new codes or changes for the most of								
5	PA require	ed for rentals as indicated on the fee sch	edule.							
6	The appear	rance of a code on this fee schedule does	not guarantee	coverage.						
7		ty limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requi								
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description Man W/G	rental	required	Limits	Rental	required	Rental Price	Price	date updated
		Man. W/C access. Insert for pneumatic propulsion tire, removable, any size,								
772	E2213	each,		NO		NO			\$29.10	
112	E2213	Man. W/C access. Pneumatic caster tire,		NO		NO			\$29.10	
773	E2214	any size each		NO		NO			\$29.27	
173	L2217	Man. W/C access. Tube for pneumatic		110		110			ΨΔ7.21	
774	E2215	caster tire, any size each		NO		NO			\$9.19	
<u> </u>		Man. W/C access. Foam filled		1,0		1,0			Ψ,,	
775	E2216	propulsion tire, any size, each	Y/6 months	YES		NO			M	
		Man. W/C access. Foam filled tire, any								
776	E2217	size each	Y/6 months	YES		NO			M	
		Man. W/C access. Foam propulsion tire,								
777	E2218	any size each	Y/6 months	YES		NO			M	
		Man. W/C access. Foam caster tire, any								
778	E2219	size each		NO		NO			\$34.03	
		M W/G G C C C C C C C C C C C C C C C C C C								
770	E2220	Man. W/C access. Solid (rubber/plastic)		NO.		NO			ф о о 10	
1/9	E2220	tire , propulsion, any size, each		NO		NO			\$23.19	
		Man. W/C access. Solid (rubber/plastic)								
780	E2221	tire removable any size, each		NO		NO			\$24.44	
700	L'ZZZI	the removable any size, each		NO		NU			\$24.44	

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1	MEDICAI	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedu	ıle 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	/3/10; rev 12/1	10; rev 1/1/1	1; REV 1/	1/13				
		, , , , , , , , , , , , , , , , , , , ,								
4	Red indica	tes new codes or changes for the most c								
		ed for rentals as indicated on the fee sche								
		rance of a code on this fee schedule does		coverage.						
	•	ty limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requi	res a PA.							
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
		Man. WC solid caster tire (rubber or								
781	E2222	plastic) w/wheel any size, each		NO		NO			\$18.95	
l		Man. WC propulsion wheel, exc. Tire,								
782	E2224	each		NO		NO			\$79.74	
700	F2227	Man. WC access. Caster wheel excl. tire,							**	
783	E2225	any size, replacement only, each		NO		NO			\$15.66	
704	E2226	Man. WC access. Caster fork, any size,		NO		NO			¢24.15	
704	E2226	replacement only, each		NO		NO			\$34.15	CMS code
		Manual W/C accessory, gear reduction								addition 1/08 rate
785	E2227	drive wheel, each	Y/12 months	YES		NO			\$1 255 30	set 8-1-08
100	114441	direc wheel, each	1/12 monus	113		110			Ψ1,233.30	CMS code
		Manual W/C accessory, wheel braking								addition 1/08 rate
786	E2228	system and lock, complete, each	Y/12 months	YES		NO			\$749.01	set 8-1-08
		manual wheelchair, accessory, manual	- 722						, , , , , , , , , , , , , , , , , , , ,	CMS addition
787	E2230	standing system, each	Y/12 months	YES		YES	YES	M	M	1-1-09
		manual wheelchair accessory, solid seat								
		support base, replaces sling seet, incl.								CMS addition
788	E2231	any type mounting hardware, each	Y/12 months	YES		YES	YES	M	M	1-1-09

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1	MEDICAI	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedi	ıle 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	/3/10: rev 12/1	0: rev 1/1/1	1: REV 1/	/1/13				
٣	T ee Beneur	110 // 1/ 10, 10 / 0/ 1/ 10, 10 / 10/ 10, 10 / 11	10,10,10,10		11, 111 1/	1/10				
4	Dad in dias	too worm and an on abourous for the most o								
		tes new codes or changes for the most or ed for rentals as indicated on the fee scho								
		rance of a code on this fee schedule does		COVORAGO						
		ty limit is exceeded, a CMN & PA are re		Coverage.						
		regulation, any item \$500 or over requi								
٣	by current	regulation, any item \$200 or over requi	CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
		Back, planar, for ped. W/C includes		-			-			•
789	E2291	fixed attaching hardware	Y/6months	YES		Y/month	YES	M	M	
		Seat, planar, for ped. W/C including								
790	E2292	fixed attaching hardware	Y/6months	YES		Y/month	YES	M	M	
		Back, contoured, for ped W/C including								
791	E2293	fixed attaching hardware	Y/6months	YES		Y/month	YES	M	M	
		Seat, countoured for ped. W/C including								
792	E2294	fixed attaching hardware	Y/6months	YES		Y/month	YES	M	M	
		manual wheelchair accessory, for								
		pediatric size chair, dynamic seating								
		frame, allows coordinated movement of								CMS addition
793	E2295	multiple positioning features	Y/12 months	YES		Y/month	YES	M	M	1-1-09
704	E2300	Dower W/C access mayor cost alcosting	V/6 months	YES		NO			MCDD 220/	
7 94	E2300	Power W/C access., power seat elevation Power W/C access. Power standing	1/0 IIIOIIIIS	IES		NO			MSRP-22%	
705	E2301	system	Y/6 months	YES		NO			MSRP-22%	
1 93	102301	Power W/C access. Electronic conn.	1/0 monus	1123		110			WISINF -22%	
796	E2310	Between 1 motor	Y/6 months	YES		NO			MSRP-22%	
, 55	112310	Power W/C access. Elect. Conn.	1/O IIIOIIIIIS	120		110			1410111 -22/0	
797	E2311	Between 2 motors	Y/6 months	YES		NO			MSRP-22%	

	А	В	С	D	Е	F	G	Н	I	J
1	MEDICAL	D PROGRAM DME FEE SCHEDULE								
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3	Fee Sched	ule 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	1/3/10· rev 12/1	10. rev 1/1/1	11. RFV 1/	1/13				
۳	Tec Belleu	uic 7/1/10, 104 0/1/10, 104 10/3/10, 104 11	1/3/10, 104 12/1		11, 1112 / 1/	1/13				
١,										
		tes new codes or changes for the most								
		ed for rentals as indicated on the fee sch								
7	• •	rance of a code on this fee schedule does		e coverage.						
	_	ity limit is exceeded, a CMN & PA are retregulation, any item \$500 or over requi	1							
<u> </u>	by curren	regulation, any item \$500 or over requi	CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental		Rental Price	Price	date updated
Ť	1	Power W/C accessory, hand or chin	7 9 2 2 4 2	required		11011001	require			ance apareca
		control interface, mini-proportional								
		remote joystick proportional, including								CMS code
798	E2312	fixed mounting hardware	Y/12 months	YES		NO			M	addition 1/08
		Power W/C accessory, harness for								
		upgrade to expandable controller,								
		including all fasteners, connectors, and								CMS code
799	E2313	mounting hardware, each	Y/12 months	YES		NO			M	addition 1/08
		Power W/C access. Hand control								
800	E2321	interface	Y/6 months	YES		NO			MSRP-22%	
		Power W/C access. Hand control mult.								
	E2322	Mech. Switches	Y/6 months	YES		NO			MSRP-22%	
	E2323	Power W/C specialty joy stick prefab	Y/6 months	YES		NO			MSRP-22%	
803	E2324	Power W/C chin cup for chin control	Y/6 months	YES		NO			MSRP-22%	
		Power W/C Access. Sip and puff								
804	E2325	interface	Y/6 months	YES		NO			MSRP-22%	
	F222 6	Power W/C breath tube kit for sip and	****						Mann com	
805	E2326	puff	Y/6 months	YES		NO			MSRP-22%	
	F2227	Power W/C access. Head control	X7/6 .1	I TATE OF		NO			Mapp ace	
806	E2327	interface	Y/6 months	YES		NO			MSRP-22%	

	А	В	С	D	Е	F	G	Н	I	J
1	MEDICAL	D PROGRAM DME FEE SCHEDULE								
2										
3	Fac Schod	ule 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	1/3/10: roy 12/1	10. rov 1/1/1	11. DEV 1/	1/13				
<u> </u>	ree Scheu	ule 7/1/10, 1ev 8/1/10, 1ev 10/3/10, 1ev 11	1/3/10, 1ev 12/1	10, 164 1/1/1	11, KEV 1/	1/13				
١,										
		tes new codes or changes for the most of								
		ed for rentals as indicated on the fee sch								
6		rance of a code on this fee schedule does		coverage.						
		ty limit is exceeded, a CMN & PA are re								
l-°	By current	t regulation, any item \$500 or over requi	CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental		Rental Price	Price	date updated
٣	i i	Power W/C access. Head or extremity	Tentar	required	Lillius	Kentar	required	Rental Free	Trice	date updated
807	E2328	control	Y/6 months	YES		NO			MSRP-22%	
		Power W/C access. Head control contact	2, 6 1116114115	125		1,0			1/15111 22/0	
808	E2329	switch	Y/6 months	YES		NO			MSRP-22%	
		Power W/C access. Head control								
809	E2330	proximity switch	Y/6 months	YES		NO			MSRP-22%	
		Attendant control, power w/c access.,								
		proportioNOl incl. all related electronic								code added for
810	E2331	& fixed mounting hardware, each	Y/6 months	YES		NO			M	coverage 7/8/08
		Power W/C access. Nonstandard seat								
811	E2340	frame width 20-23"	Y/6 months	YES		NO			MSRP-22%	
		Power W/C access. Nonstandard seat								
812	E2341	frame width 24-27"	Y/6 months	YES		NO			MSRP-22%	
	F22.42	Power W/C access. Nonstandard seat	****	, TEG) (app co-	
813	E2342	frame depth 20 or 21"	Y/6 months	YES		NO			MSRP-22%	
	F22.42	Power W/C access. Nonstandard seat	XX/6 .1	YATTO		NO			Mann cook	
814	E2343	frame depth 22-25"	Y/6 months	YES		NO			MSRP-22%	
045	E2251	Power W/C access. Electronic interface	X//C 1	MEG		NO			\$550.00	
815	E2351	for speech gen.	Y/6 months	YES		NO			\$558.90	

	А	В	С	D	Е	F	G	Н	I	J
1	MEDICAI	D PROGRAM DME FEE SCHEDULE								
2										
3	Ess Cahada	No 7/1/10, way 9/1/10, way 10/5/10, way 1	1/2/10. mov: 12/1	10. mar. 1/1/	11. DEV 1/1	1/12				
<u> </u>	ree Scheat	ule 7/1/10; rev 8/1/10; rev 10/5/10; rev 1	1/3/10; rev 12/1	lu; rev 1/1/.	11; KEV 1/1	1/13				
		tes new codes or changes for the most								
5		ed for rentals as indicated on the fee sch								
6		rance of a code on this fee schedule does		coverage.						
7		ty limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requ								
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
_			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
										CMS added
					up to a					1/1/13; LIMITS
					maximum					CHANGED
		GR34 Sealed Lead Acid Battery for			of 2 per					EFFECTIVE
816	E2359	Power Wheelchair			24 month	NO			pricing	1/1/13
					,					T TO STORY
					up to a					LIMITS
					maximum					CHANGED
	T0060	Power W/C access. 22 NF non-sealed		NO	of 2 per				↑ 40 = 40	EFFECTIVE
817	E2360	lead acid battery, each		NO	24 month	NO			\$107.48	rate change eff.
										DOS 4/1/09;
										former rate
										purchase
										*
					un to s					\$132.49; LIMITS
					up to a					
		Demon W/C access 22NE and 11			maximum					CHANGED
	E0261	Power W/C access. 22NF sealed lead		NO	of 2 per	NO			φ10 C 22	EFFECTIVE
818	E2361	acid battery, each		NO	24 month	NO			\$126.22	1/1/13

	А	В	С	D	Е	F	G	Н	I	J
1	MEDICAL	D PROGRAM DME FEE SCHEDULE								
2										
3	Faa Schady	de 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	/3/10· rov 12/1	10. rov 1/1/	11. DEV 1/	1/13				
ا ا	ree scheut	me //1/10, 1ev 6/1/10, 1ev 10/5/10, 1ev 11	1/3/10, 1ev 12/1			1/13				
١,										
		tes new codes or changes for the most of								
5 6		d for rentals as indicated on the fee scho								
7		rance of a code on this fee schedule does		coverage.						
		ty limit is exceeded, a CMN & PA are re regulation, any item \$500 or over requi								
⊢°	by current	regulation, any item \$500 or over requi	CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental		Rental Price	Price	date updated
٣	l l	Description	Tentar	required	Lillius	Kentai	required	Kentai i rice	THE	uate upuateu
					up to a					LIMITS
					maximum					CHANGED
		Power W/C access. Group 24 non-			of 2 per					EFFECTIVE
819	E2362	sealed lead acid battery ea.		NO	24 month	NO			\$87.38	
0.0									70100	rate change eff.
										DOS 4/1/09;
										former rate
										purchase
										\$176.70 ;
					up to a					LIMITS
					maximum					CHANGED
		Power W/C access. Group 24 sealed			of 2 per					EFFECTIVE
820	E2363	lead acid battery each		NO	24 month	NO			\$168.33	1/1/13
		-								
					up to a					LIMITS
					maximum					CHANGED
		Power W/C accessory, U-1 non-sealed			of 2 per					EFFECTIVE
821	E2364	lead acid battery, ea.		NO	24 month	NO			\$101.10	1/1/13

	А	В	С	D	E	F	G	Н	ı	J
1		D PROGRAM DME FEE SCHEDULE	_							
2										
	E 61.1	3 7/1/10 0/1/10 10/7/10 11	12/10 12/1	10 111	14 DET/ 1/:	1/10				
3	Fee Schedu	de 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	/3/10; rev 12/1	lu; rev 1/1/.	11; KEV 1/.	1/13				
4	Red indicat	tes new codes or changes for the most of								
		d for rentals as indicated on the fee sche								
6	•	rance of a code on this fee schedule does		coverage.						
		y limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requi								
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
										rate change eff.
										DOS 4/1/09;
										former rate
										purchase
										\$106.56;
					up to a					LIMITS
					maximum					CHANGED
		Power W/C access. U-1 sealed lead			of 2 per					EFFECTIVE
822	E2365	acid battery, each		NO	24 month	NO			\$101.51	1/1/13
										rate change
		The state of the s								eff.DOS 4/1/09;
		Power W/C access. Battery charger,							****	former rate
823	E2366	single mode, each		NO		NO			\$238.58	purchase \$252.20
										rate change
										3/1/10 from
		The state of the s								\$400.93; PA
	F22.45	Power W/C access. Battery charger dual			1 per 4				**- *	removed eff.
824	E2367	mode, each		NO	years	NO			\$379.27	8/1/10

	A	В	С	D	Е	F	G	Н	I	J
1	MEDICAI	D PROGRAM DME FEE SCHEDULE								
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3	Fee Schedi	ıle 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	/3/10· rev 12/1	10. rev 1/1/1	11. RFV 1/	1/13				
ا ا	rec seneu	me 7/1/10, 1ev 0/1/10, 1ev 10/5/10, 1ev 11	15/10, 10, 12/1		11, KE / 1/	1/13				
4	Red indica	tes new codes or changes for the most of								
5		ed for rentals as indicated on the fee scho								
6	The appea	rance of a code on this fee schedule does	not guarantee	coverage.						
7	If a quanti	ty limit is exceeded, a CMN & PA are re	quired.							
8	By current	regulation, any item \$500 or over requi								
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
	HCDCG	D	purchase or	CMN	T • • •	D 4 I	CMN	D (1D)	Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated rate change
										01/02/2007; PA
										removed for
		Power W/C component, motor,								purchase eff.
825	E2368	replacement, only		NO		NO			\$464.91	1
									+ 10 102	rate set
										08/01/2007; PA
										for purchase
		Power W/C component, gear box,								removed eff.
826	E2369	replacement only		NO		NO			\$404.14	8/1/10
		Power W/C component, motor and gear								rate change
827	E2370	box combination, replacement only	Y/6months	YES		NO			\$722.56	01/02/2007
	F2271	Power WC access. Group 27 sealed lead		NO		NO			φ125 ·=	
828	E2371	acid battery each		NO		NO			\$135.67	
000	E0270	Power WC access. Group 27 non-sealed	X7/6	MEG		NO			3.4	
829	E2372	lead acid battery each	Y/6 months	YES		NO			M	

	А	В	С	D	Е	F	G	Н	I	J
1	MEDICAI	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Sched	ule 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	/3/10: rev 12/1	l0: rev 1/1/1	1: REV 1/	1/13				
					,					
4	Red indica	ites new codes or changes for the most of								
		ed for rentals as indicated on the fee scho								
6		rance of a code on this fee schedule does		coverage.						
7	If a quanti	ty limit is exceeded, a CMN & PA are re	quired.							
8	By current	t regulation, any item \$500 or over requi	res a PA.							
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
		WG 1 1 1 1								code added to
		power WC access., hand or chin control								fee schedule
		interface, compact remote joystick,								02/01/2007 CMS
020	E2373	proportional, incl. fixed mounting hardware	Y/12 months	YES		NO			MCDD 220/	description change 1/08
030	E23/3	Power WC hand or chin control,	1/12 months	TES		NO			MSRP-22%	code added to
		standard remote joystick, replacement								fee schedule
831	E2374	only	Y/12 months	YES		NO			MSRP-22%	
00.	E2371	Only	1/12 months	TES		110			14151tt 2270	code added to
		Power WC, non-exp. Controller,								fee schedule
832	E2375	replacement only	Y/12 months	YES		NO			MSRP-22%	02/01/2007
										code added to
		Power WC expandable controller,								fee schedule
833	E2376	replacement only	Y/12 months	YES		NO			MSRP-22%	
										code added to
		Power WC expandable controller, initial								fee schedule
834	E2377	upgrade only	Y/12 months	YES		NO			MSRP-22%	02/01/2007
		POWER WHEELCHAIR	X7/10							CMC ADDED
025	E2250	COMPONENT, ACTUATOR,	Y/12	VEC		NO			MCDD 220/	CMS ADDED
835	E2378	REPLACEMENT ONLY	MONTHS	YES		NO			MSRP-22%	1/1/15

	А	В	С	D	Е	F	G	Н	1	J
1	MEDICAL	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedu	ale 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	1/3/10; rev 12/1	10; rev 1/1/1	1; REV 1/	1/13				
4	Red indica	tes new codes or changes for the most								
		ed for rentals as indicated on the fee sch								
6		rance of a code on this fee schedule does		coverage.						
7	If a quantit	ty limit is exceeded, a CMN & PA are re	equired.							
8	By current	regulation, any item \$500 or over requi	ires a PA.							
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
										code added to
		Power WC pneumatic drive wheel tire,								fee schedule
836	E2381	any size, repl. Only	Y/12 months	YES		NO			MSRP-22%	
		De WC to forme with the								code added to
007	E2382	Power WC tube for pneumatic drive	X/10	MEG		NO			MSRP-22%	fee schedule
837	E2382	drive wheel tire any size, repl. Only	Y/12 months	YES		NO			MSRP-22%	code added to
		Power WC insert for pneumatic drive								fee schedule
838	E2383	wheelany type, any size, repl. Only	Y/12 months	YES		NO			MSRP-22%	
000	L2303	wheerany type, any size, repr. Only	1/12 months	ILS		110			WISINI -22/0	code added to
		Power WC pneumatic caster tire, any								fee schedule
839	E2384	size, repl. Only	Y/12 months	YES		NO			MSRP-22%	
		1 - 7								code added to
		Power WC tube for pneumatic tire, any								fee schedule
840	E2385	size, repl. Only	Y/12 months	YES		NO			MSRP-22%	02/01/2007
										code added to
		Power WC foam filled drive wheel, any								fee schedule
841	E2386	sz. Replac. Only	Y/12 months	YES		NO			MSRP-22%	
										code added to
		Pwr. WC foam filled caster tire, any sz.								fee schedule
842	E2387	Repl. Only	Y/12 months	YES		NO			MSRP-22%	02/01/2007

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1	MEDICAI	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedi	ule 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	1/3/10· rev 12/1	10• rev 1/1/1	11. REV 1/	1/13				
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4	Dod indica	too now and on on shources for the most								
		tes new codes or changes for the most of ed for rentals as indicated on the fee scho								
6		rance of a code on this fee schedule does		coverage						
7		ty limit is exceeded, a CMN & PA are re		Coverage						
_		regulation, any item \$500 or over requi								
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
										code added to
		Pwr. WC foam foam drive tire, any sz.								fee schedule
843	E2388	Repl. Only	Y/12 months	YES		NO			MSRP-22%	
		D. W.C.C.								code added to
044	E2389	Pwr. WC foam caster tire, any sz, repl.	X/12	YES		NO			MCDD 220/	fee schedule
044	E2389	Only	Y/12 months	TES		NO			MSRP-22%	code added to
		Pwr. WC solid drive wheel,								fee schedule
845	E2390	rubber/plastic, any sz. Repl. Only	Y/12 months	YES		NO			MSRP-22%	
0.0	E2370	Pwr. WC solid caster wheel,	1/12 months	TES		110			14151CI 2270	code added to
		rubber/plastic, any sz.removable Repl.								fee schedule
846	E2391	Only	Y/12 months	YES		NO			MSRP-22%	02/01/2007
		Pwr. WC solid caster wheel,								code added to
		rubber/plastic,w/ integ. wheel any								fee schedule
847	E2392	sz.removable Repl. Only	Y/12 months	YES		NO			MSRP-22%	
										code added to
		Pwr WC access. Drive wheel excl. tires,				NO				fee schedule
848	E2394	any size repl. Only	Y/12 months	YES					MSRP-22%	
										code added to
	F220.5	Pwr. WC caster wheel exc. Tire, any sz.	*****	1		NO			A CORD CO	fee schedule
849	E2395	Repl. Only	Y/12 months	YES					MSRP-22%	02/01/2007

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1	MEDICAL	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedu	de 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	/3/10; rev 12/1	0; rev 1/1/1	1; REV 1/	1/13				
4	Red indica	tes new codes or changes for the most of								
		d for rentals as indicated on the fee sch								
6		rance of a code on this fee schedule does		coverage.						
7		y limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requi	res a PA. CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental		Rental Price	Price	date updated
	1			1040			1			code added to
						NO				fee schedule
850	E2396	Pwr. WC caster fork, any sz. Repl. Only	Y/12 months	YES					MSRP-22%	02/01/2007
										~
054	F2207	Power W/C accessory, Lithium based	X7/10 .1	T/TEG		NO			MGDD 220/	CMS code
851	E2397	battery, each	Y/12 months	YES					MSRP-22%	addition 1/08 Policy
										clarification
852	E2402	Negative pressure wound therapy pump	Y/12 months	YES		YES	YES	\$1,373.17	NO	7/17/08. Rental
002	102	speech gen. device <=8 min. recording	1/12 months	TES		TES	TES	ψ1,373.17	110	7717700. Rental
853	E2500	time	Y/12 months	YES		YES	YES	\$31.29	\$312.85	
		Speech gen. device >8 min but <=20								
854	E2502	min. recording time	Y/12 months	YES		YES	YES	\$95.67	\$956.54	
		Speech gen. device >20 min but<=40								
855	E2504	min. recording time	Y/12 months	YES		YES	YES	\$126.19	\$1,261.94	
856	E2506	Speech gen. device -dig. Speech	Y/12 months	YES		YES	YES	\$185.04	\$1,850.37	
000	12200	specen gen, device -dig. specen	1/12 monuis	ILO		ILD	ILD	Ψ105.04	Ψ1,050.57	
857	E2508	Speech gen. device synthesized speech	Y/12 months	YES		YES	YES	\$286.13	\$2,861.29	
		Speech gen. device synth. Speech,							•	
858	E2510	multiple metohds of messaging	Y/12 months	YES		YES	YES	\$647.51	\$6,475.12	

	А	В	С	D	Е	F	G	Н	I	J
1	MEDICAL	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Sched	ule 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	/3/10· rev 12/1	∩• rov 1/1/1	1. RFV 1.	/1/13				
ا ا	rec benea	me 1/1/10, 1ev 6/1/10, 1ev 10/5/10, 1ev 11	13/10, 104 12/1		11, KE V 1/	1/13				
١,	D 11 11									
		tes new codes or changes for the most of								
5 6		ed for rentals as indicated on the fee scho								
7		rance of a code on this fee schedule does ty limit is exceeded, a CMN & PA are re		coverage.						
		t regulation, any item \$500 or over requi								
F-	by curren	regulation, any item \$300 or over requi	CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental		Rental Price	Price	date updated
				-			•			
859	E2512	accessory for speech gen. device	Y/12 months	YES		YES	YES	M	M	
860	E2599	Accessory for speech gen. device NOC	Y/12 months	YES		YES	YES	M	M	
		Gen. Use W/C cushion width<22", any								
861	E2601	depth	Y/12 months	YES		NO			MSRP-22%	
		Gen. Use W/C cushion width 22" or >,								
862	E2602	any depth	Y/12 months	YES		NO			MSRP-22%	
000	E2602	Skin protection W/C cushion width <22"	XZ/10 /1	MEG		NO			MCDD 220/	
863	E2603	any depth Skin protection W/C cushion width 22"	Y/12 months	YES		NO			MSRP-22%	
064	E2604	or > any depth	Y/12 months	YES		NO			MSRP-22%	
004	E2004	Positioning W/C cushion width <22"	1/12 monus	1123		NO			WISKF -2270	
865	E2605	any depth	Y/12 months	YES		NO			MSRP-22%	
	112003	Positioning W/C cushion width>22" any	1/12 months	110		110			1115101 22/0	
866	E2606	depth	Y/12 months	YES		NO			MSRP-22%	
						1.5				
		Skin protection & positioning seat								
867	E2607	cushion, width < 22", any depth	Y/12 months	YES		Y/month	YES	MSRP-22%	MSRP-22%	

	А	В	С	D	Е	F	G	Н	I	J
1	MEDICAI	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedi	ıle 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	/3/10: rev 12/1	0: rev 1/1/1	1: REV 1/	1/13				
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4	Ped indice	tes new codes or changes for the most of								
		ed for rentals as indicated on the fee sche								
		rance of a code on this fee schedule does		coverage.						
		ty limit is exceeded, a CMN & PA are re		l						
		regulation, any item \$500 or over requi								
	•		CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
		Skin protection & positioning seat								
868	E2608	cushion, width 22" or >, any depth	Y/12 months	YES		Y/month	YES	MSRP-22%	MSRP-22%	
		Custom fabricated W/C seat cushion,								
869	E2609	any size	Y/12 months	YES		Y/month	YES	MSRP-22%	MSRP-22%	
870	E2610	Wheel chair seat cushion, powered	Y/12 months	YES		Y/month	YES	MSRP-22%	MSRP-22%	
074	F2611	Gen. Use W/C back cushion, width <	XZ/10 /1	MEG		X7/ /1	MEG	MGDD 2204	MCDD 220/	
8/1	E2611	22", any ht. Incl. Mounting hardware	Y/12 months	YES		Y/month	YES	MSRP-22%	MSRP-22%	
		Gen. Use W/C back cushion, width 22"								
872	E2612	or >, any ht. Incl. Mounting hardware	Y/12 months	YES		Y/month	YES	MSRP-22%	MSRP-22%	
012	L2012	or >, any nt. mer. Wounting nardware	1/12 months	ILS		1/IIIOIIIII	ILS	WISICI -2270	WISINI -2270	
		Positioning W/C back cushion, posterior,								
873	E2613	Width <22", any ht. Incl. Mounting hdw.	Y/12 months	YES		Y/month	YES	MSRP-22%	MSRP-22%	
		Positioning W/C back cushion, posterior,								
		Width 22" or >, any ht. Incl. Mounting								
874	E2614	hdw.	Y/12 months	YES		Y/month	YES	MSRP-22%	MSRP-22%	
		Positioning W/C back								
		cushion,post/lateral, Width <22", any ht,								
875	E2615	Incl. Mounting Hdw.	Y/12 months	YES		Y/month	YES	MSRP-22%	MSRP-22%	

	А	В	С	D	Е	F	G	Н	l	J
1	MEDICAI	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedu	ule 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	1/3/10; rev 12/1	l0; rev 1/1/1	1; REV 1/	1/13				
		, , , , , , , , , , , , , , , , , , , ,								
4	Red indica	tes new codes or changes for the most of								
		ed for rentals as indicated on the fee scho								
6		rance of a code on this fee schedule does		coverage.						
7	If a quanti	ty limit is exceeded, a CMN & PA are re	equired.							
8	By current	regulation, any item \$500 or over requi								
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
		Positioning W/C back cushion, post/lat,								
070	F2616	width 22" or>, any ht.,Incl. Mounting	X7/10 /1	MEG		X7/ /1	MEG	MGDD 220/	MCDD 220/	
8/6	E2616	Hdw.	Y/12 months	YES		Y/month	YES	MSRP-22%	MSRP-22%	
		Custom fabricated W/C back cushion,								
877	E2617	any size, incl. Mounting Hdw.	Y/12 months	YES		Y/month	YES	MSRP-22%	MSRP-22%	
		Replacement cover for W/C seat cushion								
878	E2619	or back cushion, each	Y/12 months	YES		Y/month	YES	MSRP-22%	MSRP-22%	
		Positioning W/C back cushion, planar								
		with lateral supp., width<22", Incl.								
879	E2620	Mounting Hdw.	Y/12 months	YES		Y/month	YES	MSRP-22%	MSRP-22%	
		Positioning W/C back cushion, planar								
		with lateral supp., width22"or >, Incl.								
880	E2621	Mounting Hdw.	Y/12 months	YES		Y/month	YES	MSRP-22%	MSRP-22%	
										eff. 1/1/2011
004	E2622	skin protection wheelchair seat cushion,	W/10	VEC		NO			MCDD 2004	replacement code
881	E2622	adjustable, width< 22", any depth, each skin protection wheelchair seat cushion,	Y/12 months	YES		NO			MSRP-22%	eff. 1/1/2011
		adjustable, width 22 >" or greater, any								replacement code
882	E2623	depth, each	Y/12 months	YES		NO			MSRP-22%	*
002	114043	acpai, cacii	1/12 monuis	110		110			1V1D1X1 -2270	101 110733

	Α	В	С	D	Е	F	G	Н	I	J
1	MEDICAI	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedu	ale 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	/3/10; rev 12/1	10; rev 1/1/1	11; REV 1/	1/13				
4	Red indica	tes new codes or changes for the most o								
		ed for rentals as indicated on the fee scho								
6	The appear	rance of a code on this fee schedule does	not guarantee	coverage.						
7		ty limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requi								
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&		D	
9	HCPCS	Description	purchase or rental	CMN required	Limits	Rental	CMN	Rental Price	Purchase Price	date updated
<u> </u>	incres	skin protection and positioning	rentai	requireu	Limits	Kentai	requireu	Kentai Frice	Frice	eff. 1/1/2011
		wheelchair cushion, adjustable width								replacement code
883	E2624	<22", any depth, each	Y/12 months	YES		NO			MSRP-22%	*
		skin protection and positioning								eff. 1/1/2011
		wheelchair cushion, adjustable width 22								replacement code
884	E2625	or >", any depth, each	Y/12 months	YES		NO			MSRP-22%	for K0737
		Gait trainer, ped. Size, posterior support,								
885	E8000	incl. All Accessories and components	Y/12 months	YES		Y/month	YES	M	M	
		Gait trainer, ped. Size, upright support,								
886	E8001	incl. All Accessories and components	Y/12 months	YES		Y/month	YES	M	M	
000	L0001	inci. An Accessories and components	1/12 monus	1123		1/IIIOIIIII	1123	IVI	IVI	
		Gait trainer, ped. Size, anterior support,								
887	E8002	incl. All Accessories and components	Y/12 months	YES		Y/month	YES	M	M	
		1								PA removed for
										purchase and PA
					1 per 5					removed for RR
888	K0001	Standard wheelchair		NO	years	Y/ month	NO	\$47.69	\$476.90	eff 8/1/10
889	K0002	Stnd hemi (low seat) whlchr	Y/ 6 months	YES		Y/ month	YES	\$78.28	\$782.80	

	А	В	С	D	Е	F	G	Н	l	J
1	MEDICAII	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedu	de 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	/3/10; rev 12/1	10; rev 1/1/1	11; REV 1/	1/13				
		tes new codes or changes for the most of								
5 6		d for rentals as indicated on the fee scho								
7		rance of a code on this fee schedule does by limit is exceeded, a CMN & PA are re		coverage.						
•		regulation, any item \$500 or over requi	•							
۳	by current	regulation, any item \$500 or over requi	CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
890	K0003	Lightweight wheelchair	Y/ 6 months	YES		Y/ month	YES	\$72.86	\$728.60	
891	K0004	High strength ltwt whlchr	Y/ 6 months	YES		Y/ month	YES	\$124.81	\$1,248.10	
892	K0005	Ultralightweight wheelchair	Y/ 6 months	YES		Y/ month	YES	\$176.86	\$1,768.60	
893	K0006	Heavy duty wheelchair	Y/ 6 months	YES		Y/ month	YES	\$107.22	\$1,072.20	
894	K0007	Extra heavy duty wheelchair	Y/ 6 months	YES		Y/ month	YES	\$170.77	\$1,707.70	
895	K0009	Other manual wheelchair base	Y/ 6 months	YES		Y/ month	YES	MSRP-15%	MSRP-15%	

	А	В	С	D	Е	F	G	Н	I	J
1	MEDICAII	PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedu	le 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	/3/10; rev 12/1	10; rev 1/1/1	1; REV 1/	1/13				
		,								
4	Red indicat	es new codes or changes for the most of								
		d for rentals as indicated on the fee scho								
6		ance of a code on this fee schedule does		coverage.						
7	If a quantit	y limit is exceeded, a CMN & PA are re	quired.							
8	By current	regulation, any item \$500 or over requi								
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated rate change eff.
										DOS 4/1/09;
										former rates
										purchase
										\$173.83, RR
										\$17.38; PA for
										purchase and PA
										for rental
										removed eff.
896	K0015	Detach non-adjus hght armrst		NO		Y/ month	NO	\$16.44	\$164.44	
	113010	2 cut non adjus ngm annist		110		27 Month	110	Ψ10.11	Ψ101.11	5, 1, 10
										rate change eff.
										DOS 4/1/09;
										former rates
										purchase \$48.90,
										RR \$4.89; ; PA
										for purchase and
										PA for RR
										removed eff.
897	K0017	Detach adjust armrest base		NO		Y/ month	NO	\$4.63	\$46.25	8/1/10

	А	В	С	D	Е	F	G	Н	I	J
1	MEDICAII	PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedu	le 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	/3/10; rev 12/1	10; rev 1/1/1	1; REV 1/	1/13				
					•					
4	Red indicat	es new codes or changes for the most o								
5	PA require	d for rentals as indicated on the fee scho	edule.							
6		ance of a code on this fee schedule does		coverage.						
		y limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requi								
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
	*** GD GG	5	purchase or	CMN	.		CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
										rate change eff.
										DOS 4/1/09;
										former rates
										purchase \$27.31,
										RR \$2.73; PA for
										purchase and PA
										for RR removed
898	K0018	Detach adjust armrst upper		NO		Y/ month	NO	\$2.58	\$25.84	eff. 8/1/10
		* **								
										rate change eff.
										DOS 4/1/09;
										former rates
										purchase \$16.43,
										RR \$1.64; PA for
										purchase and PA
										for RR removed
899	K0019	Arm pad each		NO		Y/ month	NO	\$1.56	\$15.55	eff. 8/1/10

	Α	В	С	D	Е	F	G	Н	I	J
1	MEDICAL	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedu	de 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	/3/10· rev 12/1	10. rev 1/1/1	11. RFV 1/	1/13				
ا ا	rec seneuu	ne 7/1/10, 100 0/1/10, 100 10/3/10, 100 11	1/3/10, 104 12/1			1/13				
١,	D 11 11 /									
		tes new codes or changes for the most of d for rentals as indicated on the fee scho								
6		ance of a code on this fee schedule does		COVORAGO						
7		y limit is exceeded, a CMN & PA are re		Coverage.						
8		regulation, any item \$500 or over requi								
F	by current	regulation, any nem 4500 or over requi	CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental		Rental Price	Price	date updated
		_		_			_			rate change en.
										DOS 4/1/09;
										former rates
										purchase \$44.44,
										RR \$4.44; PA for
000	170020	T. 1 1: 4		NO		X7/ /1	NO	¢4.01	ф4 2 .05	purchase and PA
900	K0020	Fixed adjust armrest pair		NO		Y/ month	NO	\$4.21	\$42.05	for RR removed
										DOS 4/1/09;
										former rates
										purchase \$39.17;
										rate change eff.
										3/1/10 former
										rate \$3.70RR &
										\$37.04 purchase;
										PA for purchase
										and PA for RR
										removed eff.
901	K0037	high mount foot rest		NO		Y/month	NO	\$3.31	\$33.10	8/1/10

	А	В	С	D	Е	F	G	Н	I	J
1	MEDICAL	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedu	de 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	1/3/10; rev 12/1	10; rev 1/1/1	1; REV 1/	1/13				
		tes new codes or changes for the most of								
5		d for rentals as indicated on the fee scho								
6		cance of a code on this fee schedule does		coverage.						
7		y limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requi								
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN	= 4 4.		CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
										rate change
										eff.DOS 4/1/09;
										former rate
902	K0038	Leg strap each		NO		NO			\$21.96	purchase \$23.21;
									7	rate change eff.
										DOS 4/1/09;
										former rate
903	K0039	Leg strap h style each		NO		NO			\$48.76	purchase \$51.54
										rate change
										eff.DOS 4/1/09;
										former rates
										purchase \$71.43, RR \$7.14; PA for
										purchase and PA for RR removed
904	K0040	Adjustable angle footplate		NO		Y/month	NO	\$6.76	\$67.58	eff. 8/1/10
304	120040	Aujustavie aligie ivotpiate		NU		1/IIIOIIIII	INO	φυ./0	φυ7.38	C11. 0/ 1/ 1U

	А	В	С	D	Е	F	G	Н	I	J
1	MEDICAII	PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedu	le 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	1/3/10; rev 12/1	10; rev 1/1/1	1; REV 1/	1/13				
		, , , , , , , , , , , , , , , , , , , ,								
4	Red indicat	es new codes or changes for the most of								
		d for rentals as indicated on the fee scho								
6		ance of a code on this fee schedule does		coverage.						
7	If a quantit	y limit is exceeded, a CMN & PA are re	equired.							
8	By current	regulation, any item \$500 or over requi								
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
		-	purchase or	CMN	.		CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
										rate change eff.
										DOS 4/1/09;
										former rates
										purchase \$50.62,
										RR \$ 5.06; PA
										for purchase and
										PA for RR
										removed eff.
905	K0041	Large size footplate each		NO		Y/month	NO	\$4.79	\$47.89	8/1/10
										rate change eff. DOS 4/1/09;
										former rates
										purchase \$32.13,
										RR \$3.21; PA
										for purchase and
										PA for RR
										removed eff.
906	K0042	Standard size footplate each		NO		Y/month	NO	\$3.04	\$30.40	

	А	В	С	D	E	F	G	Н	1	J
1	MEDICAL	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedu	de 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	1/3/10; rev 12/1	10; rev 1/1/1	1; REV 1/	1/13				
		tes new codes or changes for the most of								
		d for rentals as indicated on the fee scho								
6	• •	rance of a code on this fee schedule does		coverage.						
7		ty limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requi	res a PA. CMN							
			expiration date for purchase or	Purchase PA & CMN			Rental PA& CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental		Rental Price	Price	date updated
		1		•			•			rate change eff.
										DOS 4/1/09;
										former rate
907	K0043	Ftrst lower extension tube		NO		NO			\$17.67	purchase \$18.69
										rate changeeff.
										DOS 4/1/09;
										former rate
908	K0044	Ftrst upper hanger bracket		NO		NO			\$15.06	purchase \$15.92
										rate change eff.
										DOS 4/1/09;
										former rate
909	K0045	Footrest complete assembly		NO		NO			\$51.24	purchase \$54.16
										rate change eff.
										DOS 4/1/09;
l										former rate
910	K0046	Elevat legrst low extension		NO		NO			\$17.67	purchase \$18.69
										rate change
										eff.DOS 4/1/09;
										former rate
911	K0047	Elevat legrst up hangr brack		NO		NO			\$69.21	purchase \$73.17

	A	В	С	D	Е	F	G	Н	I	J
1	MEDICAI	D PROGRAM DME FEE SCHEDULE								
2										
3	Ess Cahada	ule 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	1/2/10. mar: 12/1	ΙΔ. mov: 1/1/1	11. DEV 1	1/12				
-	ree Scheut	me //1/10; rev 8/1/10; rev 10/5/10; rev 11		lu; rev 1/1/1	11; KE V 1/	1/13				
		tes new codes or changes for the most of								
		ed for rentals as indicated on the fee sch								
6		rance of a code on this fee schedule does		coverage.						
7		ty limit is exceeded, a CMN & PA are re regulation, any item \$500 or over requi								
<u> </u>	by current	regulation, any item \$500 or over requi	CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental		Rental Price	Price	date updated
	1			1						rate change eff.
										DOS 4/1/09;
										former rate
912	K0050	Ratchet assembly		NO		NO			\$29.41	purchase \$31.09
										rate changeeff.
										DOS 4/1/09;
										former rate
913	K0051	Cam release assem ftrst/lgrst		NO		NO			\$47.61	purchase \$50.33
										rate change eff.
										DOS 4/1/09;
										former rate
										purchase \$88.43,
										RR \$8.84; PA for
										purchase and PA
										for RR removed
914	K0052	Swingaway detach footrest		NO		Y/month	NO	\$8.37	\$83.66	eff 8/1/10

MEDICAID PROGRAM DME FEE SCHEDULE		А	В	С	D	Е	F	G	Н	I	J
3 Fee Schedule 7/1/10; rev 8/1/10; rev 11/3/10; rev 1	1	MEDICAL	ID PROGRAM DME FEE SCHEDULE								
4 Red indicates new codes or changes for the most c 5 PA required for rentals as indicated on the fee schedule. 6 The appearance of a code on this fee schedule does not guarantee coverage. 7 If a quantity limit is exceeded, a CMN & PA are required. 8 By current regulation, any item \$500 or over requires a PA. CMN expiration date for purchase or rental Purchase PA & CMN required Limits Rental PA& CMN required Rental Price Price date updated rate change eff DOS 41/09; former rate PA for purchase price at the complete solid tire NO NO S92.32 purchase \$97.5 PA for purchase and PA for RR removed eff 916 K0056 Spoke protectors NO NO NO S9.10 S90.98 81/10 S90.98 81/10 S90.98 81/10 S90.99 81/10 S90.90 Rear whl complete solid tire NO NO NO S90.91 S90.98 81/10 S90.99 S90.90 S90.91 S90.90 S90.91 S90.90 S90.91 S90.92 S90.0071 Front castr compl pneum tire NO NO NO S90.91 S90.91 S90.91 S90.92 S90.0072 Frint estr cmpl sem-pneum tir NO NO NO S90.91 S90.91 S90.91 S90.92 S80.91 S90.90 S90.91 S90.91 S90.90 S90.91 S90.90 S90.91 S90.90 S90.91 S90.90 S90	2										
4 Red indicates new codes or changes for the most c 5 PA required for rentals as indicated on the fee schedule. 6 The appearance of a code on this fee schedule does not guarantee coverage. 7 If a quantity limit is exceeded, a CMN & PA are required. 8 By current regulation, any item \$500 or over requires a PA. CMN expiration date for purchase or rental Purchase PA & CMN required Limits Rental PA& CMN required Rental Price Price date updated rate change eff DOS 41/09; former rate PA for purchase price at the complete solid tire NO NO S92.32 purchase \$97.5 PA for purchase and PA for RR removed eff 916 K0056 Spoke protectors NO NO NO S9.10 S90.98 81/10 S90.98 81/10 S90.98 81/10 S90.99 81/10 S90.90 Rear whl complete solid tire NO NO NO S90.91 S90.98 81/10 S90.99 S90.90 S90.91 S90.90 S90.91 S90.90 S90.91 S90.92 S90.0071 Front castr compl pneum tire NO NO NO S90.91 S90.91 S90.91 S90.92 S90.0072 Frint estr cmpl sem-pneum tir NO NO NO S90.91 S90.91 S90.91 S90.92 S80.91 S90.90 S90.91 S90.91 S90.90 S90.91 S90.90 S90.91 S90.90 S90.91 S90.90 S90	2	Foo Sobod	nlo 7/1/10: nov 9/1/10: nov 10/5/10: nov 11	1/2/10. nov 12/1	10. nov 1/1/1	1. DEV 1/	1/12				
S PA required for rentals as indicated on the fee schedule.	-	r ee Scheu	ule 7/1/10; fev 8/1/10; fev 10/5/10; fev 11		10; rev 1/1/1	11; KEV 1/	1/13				
S PA required for rentals as indicated on the fee schedule.											
The appearance of a code on this fee schedule does not guarantee coverage.											
The second of											
By current regulation, any item \$500 or over requires a PA. CMN expiration date for purchase or rental PA & CMN PA & CMN Purchase Pa & CMN Pa & CMN Purchase Purchase Pa & CMN Purchase					coverage.						
September CMN Purchase PA & PA & Purchase PA & PA & Purchase PA & PA											
NO NO Seath NO NO Sear which completes solid tire NO NO Sear which completes solid tire NO NO Sear which completes solid tire NO NO Sear which complete solid tire NO NO Sear which some parameter NO NO NO Sear which some parameter N	8	By curren	t regulation, any item \$500 or over requi								
HCPCS Description Descri				- '				.			
Purchase				_							
9 HCPCS Description Fental required Limits Rental required Rental Price Price date updated rate change eff DOS 4/1/09; former rate 915 K0053 Elevate footrest articulate NO NO NO S92.32 purchase \$97.5 916 K0056 Seat ht <17 or >=21 ltwt wc NO NO NO S9.10 S90.98 S/1/10 917 K0065 Spoke protectors NO NO NO S42.54 918 K0069 Rear whl complete solid tire NO NO NO S175.23 920 K0071 Front castr compl pneum tire NO NO NO S104.51 921 K0072 Frint cstr compl pneum tire NO NO NO S33.29 923 K0077 Front caster assem complete NO NO S56.30 924 K0077 Front caster assem complete NO NO S56.30 925 K0077 Front caster assem complete NO NO S56.30 926 Roman Rental Price Rate change eff DOS 4/1/09; former rate Change eff Rental Price Rental Price Rental Price Rental Price Rate change eff DOS 4/1/09; former rate Change eff DOS 4/1/09; former rate Rental Price Rental Price Rate change eff DOS 4/1/09; former rate Rental Price Rate change eff DOS 4/1/09; former rate Rental Price Rate change eff DOS 4/1/09; former rate Rental Price Rate change eff DOS 4/1/09; former rate Rental Price Rate change eff DOS 4/1/09; former rate Rate change eff DOS 4/1/09; former rate chang											
Second		~~ ~~		_							
915 K0053 Elevate footrest articulate NO NO S92.32 purchase \$97.5	9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	
Seat No.											_
915 K0053 Elevate footrest articulate NO NO NO \$92.32 purchase \$97.55											· ·
PA for purchase and PA for RR removed eff		*****								402.22	
916 K0056 Seat ht <17 or >=21 ltwt wc NO Y/month NO \$9.10 \$90.98 8/1/10 917 K0065 Spoke protectors NO NO \$42.54 918 K0069 Rear whl complete solid tire NO NO \$95.59 919 K0070 Rear whl compl pneum tire NO NO \$175.23 920 K0071 Front castr compl pneum tire NO NO \$104.51 921 K0072 Frnt cstr cmpl sem-pneum tir NO NO \$62.91 922 K0073 Caster pin lock each NO NO \$33.29 923 K0077 Front caster assem complete NO NO \$56.30	915	K0053	Elevate footrest articulate		NO		NO			\$92.32	
916 K0056 Seat ht <17 or >=21 ltwt wc NO Y/month NO \$90.98 8/1/10 917 K0065 Spoke protectors NO NO \$42.54 918 K0069 Rear whl complete solid tire NO NO \$95.59 919 K0070 Rear whl compl pneum tire NO NO \$175.23 920 K0071 Front castr compl pneum tire NO NO \$104.51 921 K0072 Frnt cstr cmpl sem-pneum tir NO NO \$62.91 922 K0073 Caster pin lock each NO NO \$33.29 923 K0077 Front caster assem complete NO NO \$56.30											
916 K0056 Seat ht <17 or >=21 ltwt wc NO Y/month NO \$90.98 8/1/10 917 K0065 Spoke protectors NO NO NO \$42.54 918 K0069 Rear whl complete solid tire NO NO \$95.59 919 K0070 Rear whl compl pneum tire NO NO \$175.23 920 K0071 Front castr compl pneum tire NO NO \$104.51 921 K0072 Frnt cstr cmpl sem-pneum tir NO NO \$62.91 922 K0073 Caster pin lock each NO NO \$33.29 923 K0077 Front caster assem complete NO NO \$56.30											
917 K0065 Spoke protectors NO NO \$42.54 918 K0069 Rear whl complete solid tire NO NO \$95.59 919 K0070 Rear whl compl pneum tire NO NO \$175.23 920 K0071 Front castr compl pneum tire NO NO \$104.51 921 K0072 Frnt cstr cmpl sem-pneum tir NO NO \$62.91 922 K0073 Caster pin lock each NO NO \$33.29 923 K0077 Front caster assem complete NO NO \$56.30		T70056	G . 1 . 17		NO		X7/ .1	NO	00.10	# 00.00	
918 K0069 Rear whl complete solid tire NO NO \$95.59 919 K0070 Rear whl compl pneum tire NO NO \$175.23 920 K0071 Front castr compl pneum tire NO NO \$104.51 921 K0072 Frnt cstr cmpl sem-pneum tir NO NO \$62.91 922 K0073 Caster pin lock each NO NO \$33.29 923 K0077 Front caster assem complete NO NO \$56.30							+	NO	\$9.10		
919 K0070 Rear whl compl pneum tire NO NO \$175.23 920 K0071 Front castr compl pneum tire NO NO \$104.51 921 K0072 Frnt cstr cmpl sem-pneum tir NO NO \$62.91 922 K0073 Caster pin lock each NO NO \$33.29 923 K0077 Front caster assem complete NO NO \$56.30											
920 K0071 Front castr compl pneum tire NO NO \$104.51 921 K0072 Frnt cstr cmpl sem-pneum tir NO NO \$62.91 922 K0073 Caster pin lock each NO NO \$33.29 923 K0077 Front caster assem complete NO NO \$56.30 rate change eff											
921 K0072 Frnt cstr cmpl sem-pneum tir NO NO \$62.91 922 K0073 Caster pin lock each NO NO \$33.29 923 K0077 Front caster assem complete NO NO \$56.30 rate change eff			1 1								
922 K0073 Caster pin lock each NO NO \$33.29 923 K0077 Front caster assem complete NO NO \$56.30 rate change eff											
923 K0077 Front caster assem complete NO NO \$56.30 rate change eff											
rate change eff			*								
	323	10077	Tront caster assem complete		110		110			φ.50.50	
1 1 DOS 4/1/07,											_
former rate											·
924 K0098 Drive belt power wheelchair D NO NO \$24.63 purchase \$26.0	924	K0098	Drive helt nower wheelchair D		NO		NO			\$24.63	

	А	В	С	D	Е	F	G	Н	ļ	J
1	MEDICAII	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedu	de 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	1/3/10; rev 12/	10; rev 1/1/1	1; REV 1/	1/13				
4	Red indicat	tes new codes or changes for the most of	2							
		d for rentals as indicated on the fee sch								
6		rance of a code on this fee schedule does		coverage.						
7		ty limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requi	res a PA. CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	- '	Rental Price	Price	date updated
Ť	1101 05	Description	1011001	required	Ziiiits	Itelitai	required	Trement 111cc	11100	PA removed for
										purchase eff.
925	K0105	IV hanger		NO		NO			\$95.12	8/1/10
926	K0108	Wheelchair misc accessory NOS	Y/ 6 months	YES		NO			MSRP-22%	
										rate change eff.
										DOS 4/1/09;
										former rates
										purchase\$201.60, RR \$20.16; PA
										for purchase and
										PA for RR
										removed eff
927	K0195	Elevating whlchair leg rests		NO		Y/ month	NO	\$19.07	\$190.71	
200	******		***	1777		**/	1150	Φοπο ::		
928	K0455	Pump uninterrupted infusion	Y/6 months	YES		Y/ month	YES	\$253.40	NO	

	A	В	С	D	E	F	G	Н	1	J
1		D PROGRAM DME FEE SCHEDULE	_							
2	_									
	E C.l J	1. 7/1/10 0/1/10 10/5/10 11	/2/10 12/1	10 1/1/1	1. DEV 1.	11/12				
3	ree Scheau	de 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	/3/10; rev 12/1	lu; rev 1/1/1	1; KEV 1/	1/13				
		tes new codes or changes for the most c								
		d for rentals as indicated on the fee sche								
6		cance of a code on this fee schedule does		coverage.						
7 8		ty limit is exceeded, a CMN & PA are re regulation, any item \$500 or over requi								
<u> </u>	By current	regulation, any item \$500 or over requi	CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental		Rental Price	Price	date updated
		F		1						code added to
										fee schedule
										01/01/2007 This
										code is valid for
										Medicare
										crossovers only.
										Please see
										clarification on
										the DME
		Temporary replacement item for pt.								Covered Services
929	K0462	owned equipment	Y/6 months	YES		Y/month	YES	M	NO	page.
1,000	170550	Supplies for ext. drug inf. Pump, syringe		NO		NO			¢2.12	
930	K0552	type cartridge, sterile, each		NO		NO			\$2.12	
		AED with integrated EKG analysis,								Purchase option
021	K0606	garment, each	Y/12 months	YES		Y/month	YES	\$2,268.20	\$22,682.20	added eff 7/1/10
331	120000	W/C accessory, seat or back cushion,	1/12 monus	1120		1/IIIOIIIII	1123	Ψ2,200.20	ΨΔΔ,00Δ.Δ0	audeu en //1/10
		does not meet specific code criteria or no								
		written coding verification from								description
932	K0669	SADMERC	Y/12 months	YES		NO			MSRP-22%	updated 7/7/08

	А	В	С	D	Е	F	G	Н	I	J
1	MEDICAL	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedu	ıle 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	/3/10: rev 12/1	0: rev 1/1/1	1: REV 1/	1/13				
					,					
4	Red indica	tes new codes or changes for the most of								
5		ed for rentals as indicated on the fee scho								
6		rance of a code on this fee schedule does		coverage.						
7		ty limit is exceeded, a CMN & PA are re								
8		regulation, any item \$500 or over requi								
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
		Addition to lower extremity orthosis,								
	****	removable soft interface, all	****	******		27.0				code activated by
933	K0672	components, replacement only, each	Y/12 months	YES		NO			M	CMS 4-1-08
		Controlled Dose Inhalation del. System								rate set 08/01/2007; rate
024	K0730	effective 7/1/05	Y/12 months	YES		NO			¢1 551 60	adj 1/1/09
334	K0730	effective 7/1/03	1/12 monuis	TES		NO			\$1,551.00	rate set
										08/01/2007; PA
		Battery for power chair 12-24 amp new								ended eff 12-1-
935	K0733	7/1/06		NO		NO			\$27.19	
									·	CMS end dated
936	K0734	W/C cushion <22" width new 7/1/06	Y/12 months	YES		Y/ month	YES	MSRP-22%	MSRP-22%	12/31/10
										CMS end dated
937	K0735	W/C cushion >22" width new 7/1/06	Y/12 months	YES		Y/ month	YES	MSRP-22%	MSRP-22%	
		W/C cushion adj. <22" width new								CMS end dated
938	K0736	7/1/06	Y/12 months	YES		Y/ month	YES	MSRP-22%	MSRP-22%	
		W/C cushion adj. >22" width new								CMS end dated
939	K0737	7/1/06	Y/12 months	YES		Y/ month	YES	MSRP-22%	MSRP-22%	
		D . 021								code added to
040	170720	Prt. O2 home compressor to fill prt.	X7/10	MEG		X /	MEG	Φ 51 62	NO	fee schedule
940	K0738	Tanks incl. all supplies	Y/12 months	YES		Y/ month	YES	\$51.63	NO	01/01/2007

	А	В	С	D	Е	F	G	Н	l	J
1	MEDICAL	D PROGRAM DME FEE SCHEDULE								
2										
3	Foo Sobody	ıle 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	/2/10. mov 12/1	Δ. nov. 1/1/1	11. DEV 1	/1/12				
3	ree Scheut	me //1/10; rev 8/1/10; rev 10/5/10; rev 11		lu, rev 1/1/1	11; KE V 1/	1/13				
		tes new codes or changes for the most of								
		ed for rentals as indicated on the fee scho								
6	• •	rance of a code on this fee schedule does		coverage.						
		ty limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requi	CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental		Rental Price	Price	date updated
۴	1101 00	2 0302.393322	2 2 2 2 2 2 2	required			required		21100	ante apartea
		Repair of DME equipment, other than								
		oxygen, requiring the skill of a	Y/12 months							PA requirement
		technician, labor component, per 15	if PA	YES>						changed to
941	K0739	minutes. 1 unit =15 minutes	required	\$500		NO			\$13.41	>\$500 eff 8/1/10
										code added to
	****								****	fee schedule
942	K0800	POV Grp 1 pt. wt. <=300 lbs	Y/12 months	YES		Y/ month	YES	\$116.35	\$1,163.49	01/01/2007
		DOV Com 1 How Duty Dt 201 450								code added to fee schedule
042	K0801	POV Grp. 1 Hvy Duty. Pt. wt 301-450	Y/12 months	YES		Y/ month	YES	\$187.58	¢1 075 00	01/01/2007
943	V0901	lbs.	1/12 Inonuns	1 ES		1 / month	1ES	\$187.38	\$1,875.80	code added to
		POV Grp. 1 Very Hvy Duty pt. wt. 451-								fee schedule
944	K0802	600 lbs.	Y/12 months	YES		Y/ month	YES	\$212.28	\$2 122 79	01/01/2007
	110002	000 100.	1/12 months	1 Lb		1/ month	ILD	Ψ212.20	Ψ2,122.17	code added to
										fee schedule
945	K0806	POV Grp. 2 stand. Pt. wt <=300 lbs.	Y/12 months	YES		Y/ month	YES	\$140.75	\$1,407.52	01/01/2007
									. ,	code added to
										fee schedule
946	K0807	POV, Grp. 2, Hvy. Duty 301-450 lbs	Y/12 months	YES		Y/ month	YES	\$213.58	\$2,135.75	01/01/2007

	А	В	С	D	E	F	G	Н	I	J
1	MEDICAL	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedu	de 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	/3/10; rev 12/1	0; rev 1/1/1	1; REV 1	/1/13				
4	Red indica	tes new codes or changes for the most o								
5		d for rentals as indicated on the fee sche								
6		rance of a code on this fee schedule does		coverage.						
7		ty limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requi								
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
١,	HCDCG	T	purchase or	CMN	T · · ·	D 4 1	CMN	D 4 1D 1	Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated code added to
		POV, Grp. 2, Very Hvy. Duty 451-600								fee schedule
047	K0808	lbs.	Y/12 months	YES		Y/ month	YES	\$330.44	\$3 304 44	01/01/2007
347	KU0U0	108.	1/12 monuis	1123		1/ IIIOIIIII	ILS	\$330.44	\$3,304.44	code added to
										fee schedule
948	K0812	POV, NOC	Y/12 months	YES		Y/ month	YES	M	M	01/01/2007
										code added to
		Pwr. WC Grp. 1, stand., port. Sling/solid								fee schedule
949	K0813	seat & back, pt. wt. <=300 lbs.	Y/12 months	YES		Y/ month	YES	\$200.55	\$2,005.47	01/01/2007
										code added to
		Pwr. WC Grp. 1 stand. Port. Captain's								fee schedule
950	K0814	chair, pt. wt. <=300 lbs.	Y/12 months	YES		Y/ month	YES	\$252.68	\$2,526.84	01/01/2007
										code added to
		Pwr. WC Grp 1 stand.sling/sol. Seat &								fee schedule
951	K0815	back, pt. wt <=300 lbs.	Y/12 months	YES		Y/ month	YES	\$310.42	\$3,104.19	01/01/2007
		D w WC Con 1 start a satisfied 1 '								code added to
050	V0016	Pwr. WC Grp 1 stand. captain's chair, pt.	V/12	VEC		V/ m	VEC	\$206.20	¢2.072.00	fee schedule
952	K0816	wt. <=300 lbs.	Y/12 months	YES		Y/ month	YES	\$296.29	\$2,962.89	01/01/2007 code added to
		Pwr. WC Grp 2 stand. Port. Sling/solid								fee schedule
052	K0820	seat/back <=300 lbs.	Y/12 months	YES		Y/ month	YES	\$225.86	\$2 25Q 6A	01/01/2007
903	KU82U	sear back <=500 lbs.	1/12 HIOHINS	I ES		1 / HIOHTH	I ES	\$223.80	\$2,238.04	01/01/2007

	Α	В	С	D	Е	F	G	Н	I	J
1	MEDICAL	D PROGRAM DME FEE SCHEDULE								
2										
3	Foo Schody	ıle 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	/2/10. row 12/1	10. rov 1/1/1	11. DEV 1	/1/13				
-	ree Scheut	me //1/10; rev 8/1/10; rev 10/5/10; rev 11		lu; rev 1/1/1	11; KEV 1/	1/13				
		tes new codes or changes for the most of								
5		ed for rentals as indicated on the fee scho								
6		rance of a code on this fee schedule does		coverage.						
7		ty limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requi	CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental		Rental Price	Price	date updated
۳	liter es	Description	Tentai	required	Lillits	Kentai	requireu	Rental File	Tite	code added to
		Pwr. WC Grp 2 stand. Port. Captain's								fee schedule
954	K0821	chair, pt wt. <=300 lbs.	Y/12 months	YES		Y/ month	YES	\$248.18	\$2 481 84	01/01/2007
00.	110021	enan, pt wii < 500 iosi	1712 monens	125		T/ IIIOIIII	125	Ψ210.10	ψ2,101.01	code added to
		Pwr. WC Grp 2 stand. Sling/solid								fee schedule
955	K0822	seat/back pt wt. <=300 lbs.	Y/12 months	YES		Y/ month	YES	\$352.17	\$3,521.70	01/01/2007
									•	code added to
		Pwr. WC Grp 2 stand. Captain's chair,								fee schedule
956	K0823	pt. wt. <=300 lbs.	Y/12 months	YES		Y/ month	YES	\$355.37	\$3,553.65	01/01/2007
										code added to
		Pwr. WC Grp 2 Hvy duty sling/solid								fee schedule
957	K0824	seat/back pt. wt. 301-450 lbs.	Y/12 months	YES		Y/ month	YES	\$428.31	\$4,283.10	01/01/2007
										code added to
		Pwr. WC Grp. 2 Hvy duty captain's								fee schedule
958	K0825	chair, pt. wt. 301-450 lbs.	Y/12 months	YES		Y/ month	YES	\$355.68	\$3,556.80	01/01/2007
										code added to
050	****	Pwr. WC Grp 2, very hvy duty,	*****	1		**/	TIEG		A .	fee schedule
959	K0826	sling/solid seat/back pt. wt. 451-600 lbs.	Y/12 months	YES		Y/ month	YES	\$556.71	\$5,567.13	01/01/2007
		D www. Com 2								code added to
	170027	Pwr. WC, Grp. 2 very hvy duty, captain's		NAEC		\$7/ .1	MEG	Φ425.21	Φ4 25 2 12	fee schedule
960	K0827	chair, pt. wt. 451-600 lbs.	Y/12 months	YES		Y/ month	YES	\$425.31	\$4,253.13	01/01/2007

	Α	В	С	D	Е	F	G	Н	I	J
1	MEDICAI	D PROGRAM DME FEE SCHEDULE								
2										
3	Foo Schody	ıle 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	1/3/10. pos 12/1	Δ. rov 1/1/1	11. DEV 1	/1/13				
F-	ree scheut	me //1/10, 1ev 8/1/10, 1ev 10/5/10, 1ev 11		10, 16v 1/1/1	11, KEV 1/	1/13				
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		tes new codes or changes for the most of								
		ed for rentals as indicated on the fee sch								
7	•	rance of a code on this fee schedule does		coverage.						
		ty limit is exceeded, a CMN & PA are re regulation, any item \$500 or over requi								
0	by current	regulation, any item \$500 or over requi	CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental		Rental Price	Price	date updated
		•		-			-			code added to
		Pwr. WC, Grp. 2 xhvy duty, sling/solid								fee schedule
961	K0828	seat/back pt. wt. 601>lbs.	Y/12 months	YES		Y/ month	YES	\$614.20	\$6,141.96	01/01/2007
										code added to
		Pwr. WC Grp. 2 Hvy duty captain's								fee schedule
962	K0829	chair, pt. wt. 601 > lbs.	Y/12 months	YES		Y/ month	YES	\$506.14	\$5,061.42	01/01/2007
										code added to
		Pwr. WC Grp. 2 stand. Seat elev.								fee schedule
963	K0830	Sling/solid seat/back, pt. wt. <=300 lbs.	Y/12 months	YES		Y/ month	YES	\$398.33	\$3,983.31	01/01/2007
		D WGG 2 + 1 G + 1								code added to
004	170021	Pwr. WC Grp. 2 stand. Seat elev.	X//10	MEG		X //	MEG	¢200.22	¢2.002.21	fee schedule
964	K0831	Captain's chair, pt. wt. <=300 lbs.	Y/12 months	YES		Y/ month	YES	\$398.33	\$3,983.31	01/01/2007 code added to
		Pwr. WC Grp. 2, stand. Single pwr. Opt.								fee schedule
965	K0835	sling/solid seat/back pt. wt. <=300 lbs.	Y/12 months	YES		Y/ month	YES	\$364.48	\$3 644 82	01/01/2007
100	120033	sing some sear oack pt. wt. \=300 lbs.	1/12 monus	1123		1 / monun	1120	Ψ304.40	ψυ,044.62	code added to
		Pwr. WC Grp. 2 stand. Single pwr. Opt.								fee schedule
966	K0836	Captain's chair, pt. wt. <=300 lbs.	Y/12 months	YES		Y/ month	YES	\$371.16	\$3,711.60	01/01/2007
		Pwr. WC Grp. 2 hvy. Duty, single pwr	_, 12 months	125		_ insitti	120	\$2,1110	<i>\$2,.11.00</i>	code added to
		opt. sling/solid seat/back, pt. wt. 301-								fee schedule
967	K0837	450 lbs.	Y/12 months	YES		Y/ month	YES	\$428.31	\$4,283.10	01/01/2007

	А	В	С	D	Е	F	G	Н	I	J
1	MEDICAI	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedu	ale 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	1/3/10; rev 12/1	10; rev 1/1/1	1; REV 1/	1/13				
4	Red indica	tes new codes or changes for the most of	2							
5	PA require	ed for rentals as indicated on the fee sch	edule.							
6	The appear	rance of a code on this fee schedule does	not guarantee	coverage.						
7	_	ty limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requi								
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
										code added to
		Pwr. WC Grp. 2 hvy. duty, single pwr								fee schedule
968	K0838	opt. Captain's chair, pt. wt. 301-450 lbs.	Y/12 months	YES		Y/ month	YES	\$386.51	\$3,865.14	01/01/2007
		Pwr. WC, Grp. 2, very hvy. Duty single								code added to
	170020	pwr. Opt.,sling/solid back, pt. wt. 401-	XX/101	T/TEG		X7/ .1	T.TEG	Φ.Σ.Σ	05.565.10	fee schedule
969	K0839	600 lbs.	Y/12 months	YES		Y/ month	YES	\$556.71	\$5,567.13	01/01/2007 code added to
		Dryn W.C. Com 2 why Duty single								fee schedule
070	K0840	Pwr. WC, Grp. 2, xhvy. Duty, single pwr. Opt. pt. wt. 601>lbs.	Y/12 months	YES		Y/ month	YES	\$751.55	\$7.515.5A	01/01/2007
970	KU84U	pwr. Opt. pt. wt. 601>10s.	1/12 monus	1 ES		1/ IIIOIIIII	IES	\$731.33	\$7,313.34	code added to
										fee schedule
										01/01/2007; rate
										change eff. DOS
		Pwr. WC Grp. 2 stand.multi-pwr. Opt.								4/1/09; former
971	K0841	sling/solid seat/back, pt. wt. <=300 lbs.	Y/12 months	YES		Y/ month	YES	\$390.83	\$3 908 30	rates purchase
311	NU041	sing/sond seat/back, pt. wt. <=300 lbs.	1/12 HIOHINS	I ES		1/ month	IES	\$390.83	\$3,908.30	rates purchase

	А	В	С	D	Е	F	G	Н	I	J
1	MEDICAL	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedu	de 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	/3/10: rev 12/1	0: rev 1/1/1	1: REV 1/	1/13				
٣	T ee belleuu	10 771710, 107 071710, 107 1070710, 107 11	10,10,10,10		1, 11, 1					
4	Dod indicate	tes new codes or changes for the most c								
		d for rentals as indicated on the fee sche								
6		cance of a code on this fee schedule does		coverage.						
7		y limit is exceeded, a CMN & PA are re		coverage						
		regulation, any item \$500 or over requi								
	,	1	CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
										code added to
										fee schedule
										01/01/2007; rate
										change DOS
										3/1/10 from
										purchase
	****	Pwr. WC, Grp. 2, multi-pwr., Captain's						****	4	\$4096.35/RR
9/2	K0842	chair, pt. wt. <=300 lbs.	Y/12 months	YES		Y/ month	YES	\$390.83	\$3,908.30	
		Pwr. WC, Grp. 2, hvy. Duty, multi-pwr.								code added to
072	170042	Opt.,sling/solid seat/back,pt. wt. 301-450		VEC		V/	VEC	¢457.04		fee schedule
9/3	K0843	lbs.	Y/12 months	YES		Y/ month	YES	\$457.94	\$4,579.38	01/01/2007 code added to
		Pwr. WC Grp. 3, stand. Sling/solid								fee schedule
974	K0848	seat/back, pt. wt. <=300 lbs.	Y/12 months	YES		Y/ month	YES	\$465.58		01/01/2007
314	120040	sear ouek, pt. wt. \-300 103.	1/12 monuis	1123		1/ monu	ILO	ψτυσ.σο	ψτ,055.19	code added to
		Pwr. WC, Grp. 3, stand., Captain's chair,								fee schedule
975	K0849	pt. wt. <=300 lbs.	Y/12 months	YES		Y/ month	YES	\$447.49	\$4,474.89	01/01/2007
								, , , , , ,	, , , , , , , , , , , , , , , , , , , ,	code added to
		Pwr. WC, Grp. 3, hvy. Duty, sling/solid								fee schedule
976	K0850	seat/back, pt. wt. 301-450 lbs.	Y/12 months	YES		Y/ month	YES	\$516.79	\$5,167.89	01/01/2007

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1	MEDICAI	D PROGRAM DME FEE SCHEDULE								
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3	Foo Cohods	No 7/1/10, way 9/1/10, way 10/5/10, way 11	/2/10. mov. 12/1	Δ. mov: 1/1/1	11. DEV 1	/1/12				
<u>-</u>	ree Scheat	ule 7/1/10; rev 8/1/10; rev 10/5/10; rev 11		lu; rev 1/1/1	11; KEV 1/	1/13				
		tes new codes or changes for the most of								
		ed for rentals as indicated on the fee scho								
6		rance of a code on this fee schedule does		coverage.						
7		ty limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requi	res a PA. CMN							
			_ ·	Purchase			Rental			
			expiration date for	Purchase PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental		Rental Price	Purchase Price	date updated
<u> </u>	Incres	Description	rentai	requireu	Lillius	Kentai	requireu	Kentai Frice	Frice	code added to
		Pwr. WC, Grp. 3, hvy. Duty, captain's								fee schedule
977	K0851	chair, pt. wt. 301-450 lbs.	Y/12 months	YES		Y/ month	YES	\$496.73	\$4 967 28	01/01/2007
577	10031	Pwr. WC, Grp. 3, very hvy.	1/12 months	TLS		17 IIIOIIII	TLS	ψ+70.73	ψ+,>07.20	code added to
		Duty,sling/solid seat/back, pt. wt. 451-								fee schedule
978	K0852	600 lbs.	Y/12 months	YES		Y/ month	YES	\$627.39	\$6,273.90	01/01/2007
									1 - 7	code added to
		Pwr. WC, very hvy. Duty, captain's								fee schedule
979	K0853	chair, pt. wt. 451-600 lbs.	Y/12 months	YES		Y/ month	YES	\$644.76	\$6,447.60	01/01/2007
										01/01/2007 wt
		Pwr. WC, Grp. 3 xhvy. Duty, sling/solid								limit corrected
980	K0854	seat/back, pt. wt. 601 lbs.>	Y/12 months	YES		Y/ month	YES	\$820.40	\$8,204.04	
										01/01/2007 wt
		Pwr. WC, Grp. 3, xhvy duty, captain's								limit corrected
981	K0855	chair, pt. wt. 601 lbs.>	Y/12 months	YES		Y/ month	YES	\$767.28	\$7,672.77	
		Pwr. WC, Grp. 3, stand., single pwr.								code added to
		Opt. sling/solid seat back, pt. wt.,<=300							A =	fee schedule
982	K0856	lbs.	Y/12 months	YES		Y/ month	YES	\$500.52	\$5,005.17	01/01/2007
		D WG G A								code added to
	****	Pwr. WC, Grp. 3, stand., single pwr.	*****	TITIC .		**/	TTEG	0.4.5.5	0.4.55 = -	fee schedule
983	K0857	Opt. capt. chair pt. wt.,<=300 lbs.	Y/12 months	YES		Y/ month	YES	\$466.78	\$4,667.76	01/01/2007

	А	В	С	D	Е	F	G	Н	I	J
1	MEDICAI	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedi	ıle 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	/3/10: rev 12/1	l0: rev 1/1/1	1: REV 1/	/1/13				
					,					
4	Red indica	tes new codes or changes for the most of								
		ed for rentals as indicated on the fee sch								
6		rance of a code on this fee schedule does		coverage.						
7		ty limit is exceeded, a CMN & PA are re								
		regulation, any item \$500 or over requi								
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
		Pwr. WC, Grp. 3, hvy. Duty, single pwr.		_			_			code added to
		Opt., sling/solid seat/back, pt. wt. 301-								fee schedule
984	K0858	450 lbs.	Y/12 months	YES		Y/ month	YES	\$623.36	\$6,233.58	01/01/2007
										code added to
		Pwr. WC, Grp. 3, single pwr. Opt., capt.								fee schedule
985	K0859	Chair, pt. wt. 301-450 lbs.	Y/12 months	YES		Y/ month	YES	\$583.45	\$5,834.52	01/01/2007
		Pwr. WC, Grp. 3, very hvy.								code added to
		Duty,sling/solid seat/back, pt. wt. 451-								fee schedule
986	K0860	600 lbs.	Y/12 months	YES		Y/ month	YES	\$876.07	\$8,760.69	01/01/2007
		Pwr. WC, Grp. 3 stand., multi-pwr.								code added to
		Opt.,sling/solid seat/back, pt. wt. <=300								fee schedule
987	K0861	lbs.	Y/12 months	YES		Y/ month	YES	\$501.31	\$5,013.09	01/01/2007
		Pwr. WC, Grp. 3, hvy. Duty, multi-pwr.								code added to
	*****	Opt.,sling/solid seat/back, pt. wt. 301-								fee schedule
988	K0862	450 lbs.	Y/12 months	YES		Y/ month	YES	\$623.36	\$6,233.58	01/01/2007
		Pwr. WC, Grp. 3, very hvy. Duty,multi-								code added to
	**********	pwr.sling/solid seat/back, pt. wt. 451-	*****	TITIC .		**/	TTEG	407 6 8 7	40 5 40 50	fee schedule
989	K0863	600 lbs.	Y/12 months	YES		Y/ month	YES	\$876.07	\$8,760.69	01/01/2007
		Pwr. WC, Grp. 3, xhvy duty, multi-								code added to
	*******	pwr.opt.,sling/solid seat/back, pt.	*****	I TITLE		**/	TIEG	** 0.42 - 7.3	440.40 1.0=	fee schedule
990	K0864	wt.600> lbs.	Y/12 months	YES		Y/ month	YES	\$1,042.50	\$10,424.97	01/01/2007

	А	В	С	D	Е	F	G	Н	I	J
1	MEDICAL	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedu	de 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	1/3/10; rev 12/1	l0; rev 1/1/1	11; REV 1/	1/13				
4	Red indica	tes new codes or changes for the most of	2							
		d for rentals as indicated on the fee scho								
6	The appear	ance of a code on this fee schedule does	not guarantee	coverage.						
7		y limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requi								
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
	TT GD GG	5	purchase or	CMN	.		CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
		Pwr. WC, group 4 standard, sling/solid								added eff. DOS
991	K0868	seat back, pt. wt =<300 lbs.	Y/12 months	YES		Y/ month	YES	M	M	11/1/09 and after
331	KOOOO	scat back, pt. wt =<500 lbs.	1/12 months	1 LS		17 monus	ILS	141	141	11/1/07 and arter
		Pwr. WC, group 4 standard, captain's								added eff. DOS
992	K0869	chair, pt. wt = <300 lbs.		YES		Y/ month	YES	M	M	11/1/09 and after
		Pwr. WC, group 4, heavy duty,								added eff. DOS
993	K0870	sling/solid seat bak, pt wt. 301-450 lbs.		YES		Y/ month	YES	M	M	11/1/09 and after
		Pwr. WC, group 4, very heavy duty,								added eff. DOS
994	K0871	sling/solid seat bak, pt wt. 451-600 lbs.		YES		Y/ month	YES	M	M	11/1/09 and after
		Pwr. WC, group 4, standard, single								added eff. DOS
005	K0877	power option, sling/solid seat back, pt. wt. =<300 lbs.		VEC		V/month	VEC	N.A	3.4	
990	KU0//	Pwr. WC, group 4, standard, single		YES		Y/ month	YES	M	M	11/1/09 and after
		power option, captain's chair, pt. wt.								added eff. DOS
996	K0878	=<300 lbs.		YES		Y/ month	YES	M	М	11/1/09 and after
330	110070	Pwr. WC, group 4, heavy duty, single		1 LO		1/ month	11.5	1V1	IVI	11/1/07 and arter
		power option, sling/solid seat bak, pt wt.								added eff. DOS
997	K0879	301-450 lbs.		YES		Y/ month	YES	M	M	11/1/09 and after

	А	В	С	D	Е	F	G	Н	I	J
1	MEDICAL	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedu	de 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	/3/10; rev 12/1	10; rev 1/1/1	11; REV 1/	/1/13				
4	Red indicat	tes new codes or changes for the most o								
		d for rentals as indicated on the fee scho								
6	The appear	cance of a code on this fee schedule does	not guarantee	coverage.						
7	If a quantit	y limit is exceeded, a CMN & PA are re	quired.							
8	By current	regulation, any item \$500 or over requi	res a PA.							
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
		Pwr. WC, group 4, very heavy duty,								11 1 62 5 0 6
	****	single power option, sling/solid seat bak,		******		**/	TIEG			added eff. DOS
998	K0880	pt wt. 451-600 lbs.		YES		Y/ month	YES	M	M	11/1/09 and after
		pwr. WC, sgroup 4, standard, multi								. 11. 1 . ff DOG
000	17,000,4	power option, sling/solid seat back, pt.		MEG		X7 /	VEC	3.4	3.4	added eff. DOS
999	K0884	wt. =<300 lbs. Pwr. WC, group 4, standard, multi		YES		Y/ month	YES	M	M	11/1/09 and after
		power option, captain's chair, pt. wt.								added eff. DOS
1000	K0885	=<300 lbs.		YES		Y/ month	YES	М	М	11/1/09 and after
1000	K0003	Pwr. WC, group 4 heavy duty, multi		1123		17 IIIOIIIII	ILS	IVI	IVI	11/1/09 and after
		power option, sling/solid seat back, pt.								added eff. DOS
1001	K0886	wt. 301-450 lbs.		YES		Y/ month	YES	M	М	11/1/09 and after
	110000	Will be less		120		T/ monu	125	1/1		code added to
		PWR. WC. Grp.5, ped. Sling/solid seat								fee schedule
1002	K0890	back pt. wt. <=125 lbs.	Y/12 months	YES		Y/ month	YES	M	M	01/01/2007
		Î								code added to
		Pwr. WC Grp. 5, ped.multi-pwr,								fee schedule
1003	K0891	sling/solid seat/back, pt. wt. <=125 lbs.	Y/12 months	YES		Y/ month	YES	M	M	01/01/2007
										code added to
										fee schedule
1004	K0898	Pwr. Mobility device NOC	Y/12 months	YES		Y/ month	YES	M	M	01/01/2007

	Α	В	С	D	E	F	G	Н	[J
1	MEDICA	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Sched	ule 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	/3/10; rev 12/1	l0; rev 1/1/1	11; REV 1/1	1/13				
4	Red indica	ates new codes or changes for the most of	•							
		ed for rentals as indicated on the fee scho								
6		rance of a code on this fee schedule does		coverage.						
7	If a quanti	ity limit is exceeded, a CMN & PA are re	quired.							
8	By curren	t regulation, any item \$500 or over requi								
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
	~~		purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
		Cranial cervical orthosis, torticollis type,								CMS addition
100E	L0113	w/wo joint, w/o soft interface, prefab.	Y/12 months	YES		NO			М	1-1-09
1005	L0113	Incl. fitting & adj.	1/12 monus	TES		NO			M	1-1-09
1006	L0120	Cerv flexible non-adjustable		NO		NO			\$21.60	
		Flex thermoplastic collar molded to								
1007	L0130	patient	Y/12 months	YES		NO			\$156.19	
	L0140	Cervical semi-rigid adjustab		NO		NO			\$53.90	
1009	L0150	Cerv semi-rig adj molded chn		NO		NO			\$89.88	
1010	L0160	Cerv semi-rig wire occ/mand		NO		NO			\$127.96	
1010	Loroo	Cerv senii rig wire oce/mand		110		110			Ψ127.70	
	L0170	Cervical collar molded to pt	Y/ 12 months	YES		NO			\$541.49	
	L0172	Cerv col thermplas foam 2 piece		NO		NO			\$109.80	
	L0174	Cerv col foam 2 piece w thor		NO		NO			\$197.24	
1014	L0180	Cer post col occ/man sup adj		NO		NO			\$268.26	
										PA removed eff.
1015	L0190	Cerv collar supp adj cerv ba		NO	1 per year	NO			\$403.80	8/1/10

	А	В	С	D	Е	F	G	Н	I	J
1	MEDICAI	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedi	ıle 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	/3/10; rev 12/1	10; rev 1/1/2	11; REV 1/2	1/13				
4	Red indica	tes new codes or changes for the most of								
5	PA require	ed for rentals as indicated on the fee sch	edule.							
6	The appea	rance of a code on this fee schedule does	not guarantee	coverage.						
		ty limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requi								
			CMN	, .			D			
			expiration	Purchase			Rental			
			date for	PA & CMN			PA& CMN		Donalosso	
	HCPCS	Description	purchase or		T imita	Dontal	-	Dantal Drias	Purchase	doto undotod
9	HCPCS	Description	rental	required	Limits	Rental	requirea	Rental Price	Price	date updated PA removed eff.
1016	L0200	Cerv col supp adj bar & thor		NO	1 per veer	NO			\$370.78	
1010	L0200	Cerv cor supp adj bar & thor		NO	1 per year	NO			φ370.76	0/1/10
1017	L0220	Thor rib belt custom fabrica	Y/12 months	YES		NO			\$87.94	
									,	
		Spinal orthosis, Dewall posture protector								
1018	L0430	CODE REACTIVATED 1/1/05	Y/12 months	YES		NO			\$1,073.89	
1010	L0430	CODE REACTIVATED 1/1/03	1/12 monus	ILS		NO			\$1,073.69	
		TLSO flexible, provides trunk support,								
1019	L0450	uper thoracic region, prefab		NO		NO			\$145.17	
		TLSO flexible, provides trunk support,								
1020	L0452	upper thoracic region, customized	Y/12 months	YES		NO			\$271.28	

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1	MEDICAI	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedi	ule 7/1/10; rev 8/1/10; rev 10/5/10; rev 1	1/3/10; rev 12/1	10; rev 1/1/1	1; REV 1/	1/13				
4	Red indica	tes new codes or changes for the most	c							
		ed for rentals as indicated on the fee sch								
6	•	rance of a code on this fee schedule does		coverage.						
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9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
		TLSO, Flexible, provides trunk support,								
1021	L0454	sacrococcygeal juntion to T-9, prefab		NO		NO			\$188.81	
1021	L0434	sacrococcygear juntion to 1-9, prerab		NO		NO			\$100.01	
										ratechange
1022	L0456	TLSO, flexible thoracic region, prefab		YES		NO			\$755.69	8/1/2007
										added to fee
										schedule
1023	L0460	TLSO, triplanar control prefab	Y/12 months	YES		NO			\$762.71	8/13/2007
		r i i i i i i i i i i i i i i i i i i i							,	rate set
1024	L0462	TLSO, triplanar control, prefab	Y/12 months	YES		NO			\$909.58	01/02/2007
		TLSO, triplanar control 4 piece rigid								
1025	L0464	plastic with interface, prefab	Y/12 months	YES		NO			\$962.52	
	L0466	TLSO Sagittal control, prefab		NO		NO			\$295.09	

	Α	В	С	D	Е	F	G	Н	I	J
1	MEDICAL	D PROGRAM DME FEE SCHEDULE								
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4	Red indica	tes new codes or changes for the most o								
		d for rentals as indicated on the fee scho								
	The appear	cance of a code on this fee schedule does	not guarantee	coverage.						
		ty limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requi								
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			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental		Rental Price	Price	date updated
	1101 05	Description	Tentar	required	Limits	Kentai	required	Rental Free	THE	date updated
1										
		TLSO sagittal-coronol control, rigid								PA removed eff.
1027	L0468	posterior frame		NO	1 per year	NO			\$332.39	8/1/10
										PA removed eff.
1028	L0470	TLSO triplanar control		NO	1 per year	NO			\$369.97	8/1/10
		TLSO, triplanar control, hyperextension								PA removed eff.
1029	L0472	prefab		NO	1 per year	NO			\$330.63	
		<u> </u>			F J-M					
		TLSO, triplanar control, one piece rigid								rate set
1030	L0480	plastic shell	Y/12 months	YES		NO			\$964.60	01/02/2007
1000	LUTUU	production and the production an	1/12 monus	1Lb		110			Ψ204.09	01/02/2007
		TLSO, triplanor, custom fabricated, one								
1031	L0482	piece rigid plastic shell, each	Y/12 months	YES		NO			\$1,073.89	
	L0484	TLSO, triplanor control, two piece	Y/12 months	YES		NO			\$1,366.56	

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4	Red indica	tes new codes or changes for the most of								
		d for rentals as indicated on the fee scho								
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8	By current	regulation, any item \$500 or over requi	res a PA. CMN							
			expiration date for purchase or	Purchase PA & CMN			Rental PA& CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental		Rental Price	Price	date updated
		1		•			•			•
1033	L0486	TLSO, triplanor control 2 piece rigid plastic with interface, custom	Y/12 months	YES		NO			\$1,353.74	
1034	L0488	TLSO triplanor, one piece, prefab	Y/12 months	YES		NO			\$913.86	rate change 3/1/10 from \$1172.02
1035	L0490	TLSO sagittal coronal control one piece prefab		NO		NO			\$214.93	rate change 08/01/2007; PA ended eff. 12-1-
	L0491	TLSO 2 rigid plastic shells, pre fab	Y/12 months	YES		NO			\$621.62	
	L0492	TLSO 3 rigid plastic shells, pre fab		NO	1 per year	NO			\$402.87	PA removed eff. 8/1/10
	L0621	Sacroiliac orthosis, flexible, pre fab		NO	FILISA	NO			\$72.17	
	L0622	Sacroiliac orthosis, flexible, custom	Y/12 months	YES		NO			\$195.70	
1040	L0623	Sacroiliac orthosis, rigid or semi-rigid, pre fab	Y/12 months	YES		NO			M	

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4	Red indica	tes new codes or changes for the most o								
		ed for rentals as indicated on the fee scho								
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9	HCPCS	Description	rental	required	Limits	Rental	requirea	Rental Price	Price	date updated
		Sacroiliac orthosis, rigid or semi-rigid,								
1041	L0624	custom	Y/12 months	YES		NO			M	
1011	2002.	Lumbar orthosis, flexible, pre fab	1,12 1110110115	120		1,0			112	
1042	L0625	M pricing until 9/1/06		NO		NO			\$44.60	
		Lumbar orthosis, sagittal control, pre fab								
1043	L0626	M pricing until 9/1/06		NO		NO			\$63.10	
		To and an address to a section of the section of								
		Lumbar orthosis, sagittal control with								DA somewed off
1044	L0627	rigid ant./post. Panels, pre fab M pricing until 9/1/06		NO		NO			\$332.72	PA removed eff.
1044	L0027	Lumbar-sacral orthosis, flexible, pre fab		NO		NO			ψ332.12	0/1/10
1045	L0628	M pricing until 9/1/06		NO		NO			\$67.89	
	1			-					,	
1046	L0629	Lumbar-sacral orthosis, flexible, custom	Y/12 months	YES		NO			M	
1		Lumbar-sacral orthosis, sag. Control, pre								
1047	L0630	fab M pricing until 9/1/06		NO		NO			\$131.07	

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		tes new codes or changes for the most or ed for rentals as indicated on the fee scho								
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			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
		Lumbar-sacral orthosis, sagittal control,								
1048	L0631	pre fab M pricing until 9/1/06	Y/12 months	YES		NO			\$830.92	
	x 0 < 22	Lumbar-sacral orthosis, sag. Control,	***	*****						
1049	L0632	rigid ant./post. Custom	Y/12 months	YES		NO			M	
		Lumbar-sacral orthosis, sag. Control,								
		rigid post., pre fab M pricing until								
1050	L0633	9/1/06		NO		NO			\$232.10	
1054	1.0624	Lumbar-sacral orthosis, sag. Control,	X/121	VEC		NO			3.4	
1051	L0634	rigid post., custom Lumbar-sacral orthosis, sag-coronal	Y/12 months	YES		NO			M	
1052	L0635	control, prefab m pricing until 9/1/06	Y/12 months	YES		NO			\$688.57	
1002	10033	Lumbar-sacral orthosis, sag-coronal	1/12 mondis	ILO		110			Ψ000.57	
1053	L0636	control, custom	Y/12 months	YES		NO			\$1,143.02	
1000		Lumbar-sacral orthosis, sag-coronal		120		1,0			¥1,1 .0.02	
		control, rigid ant/post., prefab M								
1054	L0637	pricing until 9/1/06	Y/12 months	YES		NO			\$1,101.92	

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9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
1055	L0638	Lumbar-sacral orth, sag-coronal control, rigid ant./post., custom M pricing until 9/1/06	Y/12 months	YES		NO			\$1,067.55	
1000	L0030	Lumbar-sacral orthosis, sagcoronal	1/12 months	11.5		110			ψ1,007.55	
1056	L0639	control, rigid post. Prefab M pricing until 9/1/06	Y/12 months	YES		NO			\$1,101.92	
1057	L0640	Lumbar-sacral orthosis, sag-coronal control, rigid post., custom M pricing until 9/1/06	Y/12 months	YES		NO			\$846.98	
1058	L0700	Ctlso a-p-l control molded	Y/ 12 months	YES		NO			\$1,662.23	
1059	L0710	Ctlso a-p-l control w/ inter	Y/ 12 months	YES		NO			\$1,814.43	
1060	L0810	Halo cervical into jckt vest	Y/ 12 months	YES		NO			\$1,927.56	
1061	L0820	Halo cervical into body jack	Y/ 12 months	YES		NO			\$1,559.32	
	L0830	Halo cerv into milwaukee typ	Y/ 12 months	YES		NO			\$2,251.49	
1063	L0970	Tlso corset front		NO		NO			\$82.06	

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			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
1064	L0972	Lso corset front		NO		NO	_		\$83.88	_
	L0974	Tlso full corset		NO		NO			\$171.40	
	L0976	Lso full corset		NO		NO			\$153.07	
	L0978	Axillary crutch extension		NO		NO			\$138.21	
	L0980	Peroneal straps pair		NO		NO			\$12.53	
	L0982	Stocking supp grips set of 4		NO		NO			\$13.66	
	L0984	Protective body sock each		NO		NO			\$43.58	
1071	L0999	Addition to spinal orthosis, NOS	Y/12 months	YES		NO			M	
1072	L1000	Ctlso milwauke initial model	Y/ 12 months	YES		NO			\$1,457.71	
40-5	v 4004		· · ·							code added
	L1001	Cervical TLSO, infant, prefab	YES	YES		NO				01/02/2007
	L1010	Ctlso axilla sling		NO		NO			\$58.70	
	L1020	Kyphosis pad		NO		NO			\$80.20	
	L1025	Kyphosis pad floating		NO		NO			\$91.15	
	L1030	Lumbar bolster pad		NO		NO			\$60.90	
	L1040	Lumbar or lumbar rib pad		NO		NO			\$73.31	
	L1050	Sternal pad		NO		NO			\$63.48	
	L1060	Thoracic pad		NO NO		NO			\$71.59	
	L1070	Trapezius sling		NO		NO			\$73.19	
1082	L1080	Outrigger		NO		NO			\$50.71	

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1	MEDICAI	D PROGRAM DME FEE SCHEDULE								
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			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
1083	L1085	Outrigger bil w/ vert extens		NO		NO			\$140.90	•
1084	L1090	Lumbar sling		NO		NO			\$65.82	
1085	L1100	Ring flange plastic/leather		NO		NO			\$116.18	
										\$196.79 former
										rate change
										effective 1/15/08;
		Ring flange plas/leather molded to								PA ended eff. 12-
	L1110	patient		NO		NO			\$176.79	
1087	L1120	Covers for upright each		NO		NO			\$31.35	
4000	T 1200	E much total and actional	X7/ 10	MEG		NO			¢1 247 00	
	L1200 L1210	Furnsh initial orthosis only Lateral thoracic extension	Y/ 12 months	YES NO		NO NO			\$1,247.80 \$187.88	
	L1210 L1220	Anterior thoracic extension		NO		NO			\$187.88 \$159.06	
1090	L122U	Amerior moracic extension		NU		NU			\$139.06	PA removed eff.
1001	L1230	Milwaukee type superstructur		NO		NO			\$408.15	
	L1230 L1240	Lumbar derotation pad		NO		NO			\$70.25	
	L1240 L1250	Anterior asis pad		NO		NO			\$69.16	
	L1250	Anterior dasis pad Anterior thoracic derotation pad		NO		NO			\$71.07	
	L1270	Abdominal pad		NO		NO			\$70.97	
	L1280	Rib gusset (elastic) each		NO		NO			\$63.28	

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	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
1097	L1290	Lateral trochanteric pad		NO		NO			\$71.74	
1098	L1300	Body jacket mold to patient	Y/ 12 months	YES		NO			\$1,199.37	
1099	L1310	Post-operative body jacket	Y/ 12 months	YES		NO			\$1,234.16	
1100	L1499	Spinal orthosis NOS	Y/ 12 months	YES		NO			M	
1101	L1500	Thkao mobility frame	Y/ 12 months	YES		NO			\$1,363.83	
1102	L1510	Thkao standing frame	Y/ 12 months	YES		NO			\$862.81	
	L1520	Thkao swivel walker	Y/ 12 months	YES		NO			\$2,049.32	
	L1600	Abduct hip flex frejka w cvr		NO		NO			\$92.52	
	L1610	Abduct hip flex frejka covr		NO		NO			\$31.52	
	L1620	Abduct hip flex pavlik harne		NO		NO			\$103.81	
1107	L1630	Abduct control hip semi-flex		NO		NO			\$123.87	D. 1. CC
1,,,,	T 1640	D 1 1 1/ 11 11 1		NO		NO			Ф221 21	PA removed eff.
	L1640	Pelv band/spread bar thigh c		NO		NO			\$331.31	8/1/10
	L1650	HO abduction hip adjustable		NO NO		NO NO			\$175.69	
1110	L1660	HO abduction static plastic		NO		NU			\$122.87	

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l °	By current	regulation, any item \$500 or over requi	CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
1111	L1680	Pelvic & hip control thigh c	Y/ 12 months	YES		NO			\$1,010.22	
1112	L1685	Post-op hip abduct custom fa	Y/ 12 months	YES		NO			\$1,065.95	
1113	L1686	HO post-op hip abduction	Y/ 12 months	YES		NO			\$715.11	
1114	L1690	Combination bilateral LS/hip/femur	Y/ 12 months	YES		NO			\$1,492.95	
1115	L1700	Legg perthes orth toronto typ	Y/ 12 months	YES		NO			\$1,242.04	
1116	L1710	Legg perthes orth newington	Y/ 12 months	YES		NO			\$1,459.94	
1117	L1720	Legg perthes orthosis trilat	Y/ 12 months	YES		NO			\$1,078.46	
1118	L1730	Legg perthes orth scottish r	Y/ 12 months	YES		NO			\$813.69	
	L1755	Legg perthes patten bottom t	Y/ 12 months	YES		NO			\$1,184.31	
	L1810	KO elastic with joints		NO		NO			\$93.48	
	L1820	KO elas w/ condyle pads & jo		NO		NO			\$93.09	
1122	L1830	KO immobilizer canvas longit		NO		NO			\$77.88	

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		d for rentals as indicated on the fee sch								
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			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
		KO locking knee joint pre fab incl.								
1123	L1831	Fitting and adj.	Y/12 months	NO		NO			\$190.58	
1124	L1832	KO adj jnt pos rigid support	Y/ 12 months	YES		NO			\$582.03	
1125	L1834	KO w/0 joint rigid molded to	Y/ 12 months	YES		NO			\$684.74	
1126	L1840	KO derot ant cruciate custom	Y/ 12 months	YES		NO			\$719.78	
4407	T 10.42	KO single upright thigh & calf-	X7/10 1	T/TEG		NO			Φ < 0.2. 7.2	description
1127	L1843	prefabricated, each	Y/ 12 months	YES		NO			\$692.73	updated 1/09
1128	L1844	KO w/adj jt rot cntrl molded	Y/ 12 months	YES		NO			\$1,200.34	
1129	L1845	KO w/ adj flex/ext rotat cus	Y/ 12 months	YES		NO			\$723.15	
1130	L1846	KO w adj flex/ext rotat mold	Y/ 12 months	YES		NO			\$906.34	
1130	L1040	w auj nea/eat iotat moid	1/ 12 HIOHUIS	1 ES		NO			\$700.34	PA removed eff.
1131	L1847	KO adjustable w air chambers		NO		NO			\$444.06	
1132	L1850	KO swedish type		NO		NO			\$206.67	
1133	L1860	KO supracondylar socket mold	Y/ 12 months	YES		NO			\$801.59	

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2										
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4	Red indicat	tes new codes or changes for the most c								
		d for rentals as indicated on the fee sche								
6	The appear	cance of a code on this fee schedule does	not guarantee	coverage.						
7		y limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requi								
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
	TTGDGG	D	purchase or	CMN	T • •,	D (1	CMN	D (1D)	Purchase	
	HCPCS	Description A FO	rental	required	Limits	Rental	required	Rental Price	Price	date updated
	L1900 L1902	AFO and a sounded		NO NO		NO NO			\$217.15 \$58.97	
1133	L1902	AFO ankle gauntlet		NO		NO			\$38.97	
1136	L1904	AFO molded ankle gauntlet	Y/ 12 months	YES		NO			\$337.64	
1137	L1906	AFO multiligamentus ankle su		NO		NO			\$98.67	
		supramalleolar w/straps w/wo								
	L1907	interface/pads, custom fabricated	Y/12 months	YES		NO			\$364.37	
	L1910	AFO sing bar clasp attach sh		NO		NO			\$192.01	
1140	L1920	AFO sing upright w/ adjust s		NO		NO			\$251.01	
		AFO plastic or other material, includes								
1141	L1930	fitting & adjustment		NO		NO			\$169.85	
	L	AFO, rigid anterior tibial section,pre fab,							* -=c	rate change
1142	L1932	incl. Fitting & adj.	Y/12 months	YES		NO			\$650.05	01/02/2007
1143	L1940	AFO, plastic or other material custom	Y/ 12 months	YES		NO			\$383.85	
		. •								
1144	L1945	AFO molded plas rig ant tib	Y/ 12 months	YES		NO			\$704.90	
1145	L1950	AFO spiral molded to pt plas	Y/ 12 months	YES		NO			\$534.80	
1146	L1951	spiral, IRM type, plastic or other material prefab, incl. Fitting and adj.	Y/12 months	YES		NO			\$543.82	

	Α	В	С	D	Е	F	G	Н	I	J
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		tes new codes or changes for the most								
		ed for rentals as indicated on the fee sch								
	•	rance of a code on this fee schedule does		coverage.						
	•	ty limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requ								
			CMN	Purchase			Rental			
			expiration date for	Purchase PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental		Rental Price	Price	date updated
	Her es	Description	Tentar	required	Limes	Kentar	required	RentalTrice	Trice	uate upuateu
1147	L1960	AFO pos solid ank plastic mo; custom	Y/ 12 months	YES		NO			\$397.98	
1148	L1970	AFO plastic molded w/ankle j	Y/ 12 months	YES		NO			\$588.64	
		plastic or other material w/ankle joint,								PA removed eff.
	L1971	prefab, incl. Fitting and adj.		NO		NO			\$303.52	8/1/10
1150	L1980	AFO sing solid stirrup calf custom	Y/12 months	YES		NO			\$263.51	
1151	L1990	AFO doub solid stirrup calf; custom	Y/ 12 months	YES		NO			\$338.57	
1131	L1990	AFO doub solid stillup call, custom	1/ 12 monuis	1E3		NO			\$330.37	
1152	L2000	KAFO using fre stirr thi/calf; custom	Y/ 12 months	YES		NO			\$728.26	
		KAFO any material, single or dbl.								
		Upright includes ankle joint custom								rate change
1153	L2005	fabricated	Y/12 months	YES		NO			\$2,985.10	01/02/2007
		KAFO single upright, free ankle, solid								
1154	L2010	stirrup	Y/ 12 months	YES		NO			\$663.87	
1155	L2020	KAFO dbl solid stirrup band/	Y/ 12 months	YES		NO			\$838.37	
1156	L2030	KAFO dbl solid stirrup w/o j	Y/ 12 months	YES		NO			\$727.36	

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4	Red indica	tes new codes or changes for the most	c							
		d for rentals as indicated on the fee sch								
		rance of a code on this fee schedule does		coverage.						
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	TIGD GG		expiration date for purchase or	Purchase PA & CMN			Rental PA& CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
1157	L2034	KAFO full plastic, single upright, w/wo free motion knee,custom fabricated	Y/12 months	YES		NO			¢1 500 11	rate set 08/01/2007
	L2034 L2035	KAFO plastic pediatric size	Y/12 monus	NO		NO			\$1,360.11	
1130	L2033	KAI O plastic pediatric size		NO		NO			\$133.74	
1159	L2036	KAFO plas doub free knee mol	Y/ 12 months	YES		NO			\$1,332.12	
1160	L2037	KAFO plas sing free knee mol	Y/ 12 months	YES		NO			\$1,227.64	
1161	L2038	KAFO w/o joint multi-axis an	Y/ 12 months	YES		NO			\$1,026.55	
1162	L2040	Hkafo torsion bil rot straps		NO		NO			\$131.12	
1163	L2050	Hkafo torsion cable hip pelv; custom	Y/ 12 months	YES		NO			\$349.21	
	L2060	Hkafo torsion ball bearing j; custom	Y/ 12 months	YES		NO			\$448.19	
1165	L2070	Hkafo torsion unilat rot str; custom	Y/12 months	YES		NO			\$128.74	
1166	L2080	Hkafo unilat torsion cable, custom	Y/ 12 months	YES		NO			\$274.55	
1167	L2090	Hkafo unilat torsion ball br, custom	Y/ 12 months	YES		NO			\$338.43	
1168	L2106	AFO tib fx cast plaster mold, custom	Y/ 12 months	YES		NO			\$488.18	

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		d for rentals as indicated on the fee sch								
		rance of a code on this fee schedule does		coverage.						
		ty limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requi								
			CMN	D			D4-1			
			expiration date for	Purchase PA &			Rental PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental		Rental Price	Price	date updated
	HCI CS	Description	Tentai	required	Lillits	Kentai	required	Rental I lice	Trice	date updated
1169	L2108	AFO tib fx cast molded to pt	Y/ 12 months	YES		NO			\$767.15	
										PA removed eff.
1170	L2112	AFO tibial fracture soft, pre-fab		NO		NO			\$364.26	
1171	L2114	AFO tib fx semi-rigid, pre-fab		NO		NO			\$416.75	PA removed eff. 8/1/10
		8 7							,	
1172	L2116	Afo tibial fracture rigid	Y/ 12 months	YES		NO			\$549.09	
1173	L2126	Kafo fem fx cast thermoplas	Y/ 12 months	YES		NO			\$976.95	
1174	L2128	Kafo fem fx cast molded to p	Y/ 12 months	YES		NO			\$1,231.18	
1175	L2132	Kafo femoral fx cast soft	Y/ 12 months	YES		NO			\$579.19	
1176	L2134	Kafo fem fx cast semi-rigid	Y/ 12 months	YES		NO			\$694.43	
1177	L2136	Kafo femoral fx cast rigid	Y/ 12 months	YES		NO			\$849.11	
	L2130 L2180	Plas shoe insert w ank joint	1/ 12 monuis	NO		NO			\$84.08	
	L2180	Drop lock knee		NO		NO			\$65.81	
	L2184	Limited motion knee joint		NO		NO			\$118.59	

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4	Pad indicat	tes new codes or changes for the most of								
		d for rentals as indicated on the fee scho								
		cance of a code on this fee schedule does		coverage.						
		y limit is exceeded, a CMN & PA are re		l						
		regulation, any item \$500 or over requi								
	•		CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
1181	L2186	Adj motion knee jnt lerman t		NO		NO			\$131.41	
	L2188	Quadrilateral brim		NO		NO			\$286.72	
	L2190	Waist belt		NO		NO			\$74.47	
	L2192	Pelvic band & belt thigh fla		NO		NO			\$256.01	
	L2200	Limited ankle motion ea jnt		NO		NO			\$34.14	
	L2210	Dorsiflexion assist each joi		NO		NO			\$55.40	
	L2220	Dorsi & plantar flex ass/res		NO		NO			\$63.60	
1188	L2230	Split flat caliper stirr & p		NO		NO			\$55.09	
		Addt. To lower extremity orthosis,							*= 0.50	rate set
1189	L2232	rocker bottom, custom fabricated only	Y/12 months	YES		NO			\$70.38	04/02/2007
4400	1 22 40	Addt. To lower extremity orthosis, round		l NO		NO			0.00.04	
1190	L2240	caliper & plate attachment		NO		NO			\$60.04	PA ended eff.
1104	1 2250	Foot plate molded etimes et		NO		NO			ΦΩ <i>ΕΕ</i> 12	
	L2250 L2260	Foot plate molded stirrup at Reinforced solid stirrup		NO NO		NO NO			\$255.13 \$143.93	
	L2265	Long tongue stirrup		NO		NO			\$143.93	
	L2203 L2270	Varus/valgus strap padded/li		NO		NO			\$38.56	
	L2270 L2275	Plastic mod low ext pad/line		NO		NO			\$93.82	
1195	L4413	1 lastic filod fow ext pau/filic		NO		NO			φ73.62	
1196	L2280	Molded inner boot	Y/ 12 months	YES		NO			\$348.55	

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			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
	L2300	Abduction bar jointed adjust		NO		NO			\$196.75	
	L2310	Abduction bar-straight		NO		NO			\$88.33	
	L2320	Non-molded lacer		NO		NO			\$147.73	
	L2330	Lacer molded to patient, custom	Y/12 months	YES		NO			\$281.93	
1201	L2335	Anterior swing band		NO		NO			\$165.85	
1,000	1.2240	D (1:1.1.1	X7/ 10 /1	MEG		NO			Ф201.20	
1202	L2340	Pre-tibial shell molded to p	Y/ 12 months	YES		NO			\$391.38	
1203	L2350	Prosthetic type socket molded	Y/ 12 months	YES		NO			\$639.78	
	L2360	Extended steel shank		NO		NO			\$37.15	
	L2370	Patten bottom		NO		NO			\$184.32	
	L2375	Torsion ank & half solid sti		NO		NO			\$81.13	
	L2380	Torsion straight knee joint;		NO		NO			\$88.39	
1208	L2385	Straight knee joint heavy du		NO		NO			\$96.17	
		Addt. to lower extremity, polycentric								
		knee joint, for custom fabricated KAFO,								code added 6/09
	L2387	each joint		NO		NO				eff. Date 1/1/09
	L2390	Offset knee joint each		NO		NO			\$78.59	
	L2395	Offset knee joint heavy duty		NO		NO			\$120.00	
	L2397	Suspension sleeve lower ext		NO		NO			\$84.16	
1213	L2405	Knee joint drop lock ea jnt		NO		NO			\$67.32	

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			CMN expiration	Purchase			Rental			
			date for	Purchase PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental		Rental Price		date updated
	L2415	Knee joint cam lock each joi		NO		NO			\$93.78	
1215	L2425	Knee disc/dial lock/adj flex		NO		NO			\$110.66	
	L2430	Knee jnt ratchet lock ea jnt		NO		NO			\$110.66	
1217	L2492	Knee lift loop drop lock rin		NO		NO			\$73.22	
1218	L2500	Thi/glut/ischia wgt bearing		NO		NO			\$226.51	
1219	L2510	Th/wght bear quad-lat brim m	Y/ 12 months	YES		NO			\$606.45	
1220	1.2520	Th/	W/ 12 th	VEC		NO			¢220.77	
1220	L2520	Th/wght bear quad-lat brim custom	Y/ 12 months	YES		NO			\$330.77	
1221	L2525	Th/wght bear m-l brim mo	Y/ 12 months	YES		NO			\$1,134.81	
	22020	The vigino of the first the same that	1, 12 111011111	125		110			\$1,10	
1222	L2526	Th/wght bear m-l brim cu	Y/ 12 months	YES		NO			\$611.66	
1223	L2530	Thigh/wght bear lacer non-mo		NO		NO			\$168.70	
	L2540	Thigh/wght bear lacer molded	Y/ 12 months	YES		NO			\$303.55	
1225	L2550	Thigh/wght bear high roll cu		NO		NO			\$206.21	DA 1 CC
1226	L2570	Hip clevis type 2 posit jnt		NO		NO			\$455.98	PA removed eff. 8/1/10

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1	MEDICAL	D PROGRAM DME FEE SCHEDULE								
2										
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4	Red indica	tes new codes or changes for the most	c							
		ed for rentals as indicated on the fee sch								
6	The appear	rance of a code on this fee schedule does	not guarantee	coverage.						
7	If a quantit	ty limit is exceeded, a CMN & PA are re	equired.							
8	By current	regulation, any item \$500 or over requi	ires a PA.							
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
										PA removed eff.
	L2580	Pelvic control pelvic sling		NO		NO			\$432.25	
	L2600	Hip clevis/thrust bearing fr		NO		NO			\$147.46	
	L2610	Hip clevis/thrust bearing lo		NO		NO			\$174.37	
	L2620	Pelvic control hip heavy dut		NO		NO			\$191.98	
	L2622	Hip joint adjustable flexion		NO		NO			\$220.18	
1232	L2624	Hip adj flex ext abduct cont		NO		NO			\$299.33	
1233	L2627	Plastic mold recipro hip & c	Y/ 12 months	YES		NO			\$1,233.21	
	L2628	Metal frame recipro hip & ca	Y/ 12 months	YES		NO			\$1,448.65	
	L2630	Pelvic control band & belt u		NO		NO			\$177.79	
	L2640	Pelvic control band & belt b		NO		NO			\$241.29	
	L2650	Pelv & thor control gluteal		NO		NO			\$86.17	
	L2660	Thoracic control thoracic ba		NO		NO			\$133.82	
	L2670	Thorac cont paraspinal uprig		NO		NO			\$122.48	
	L2680	Thorac cont lat support upri		NO		NO			\$112.36	
1241	L2750	Plating chrome/nickel pr bar		NO		NO			\$60.02	
		Addt. Lower ext.,high strength, custom								
	L2755	fab. Only		NO		NO			\$100.89	
1243	L2760	Extension per extension per		NO		NO			\$43.62	

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1	MEDICAI	D PROGRAM DME FEE SCHEDULE								
2										
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		tes new codes or changes for the most ed for rentals as indicated on the fee sch								
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7	•	ty limit is exceeded, a CMN & PA are r		Coverage.						
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			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental		Rental Price	Price	date updated
Ť	1101 05	Orthotic side bar, Disconnect device,	7 0 2 2 0 2	required		11011001	required			added eff.
1244	L2768	each		YES		NO			\$110.02	10/1/10
	L2780	Non-corrosive finish per bar		NO		NO			\$51.60	
1246	L2785	Drop lock retainer each		NO		NO			\$30.34	
1247	L2795	Knee control full kneecap		NO		NO			\$61.01	
1248	L2800	Knee cap medial or lateral p		NO		NO			\$76.58	
1249	L2810	Knee control condylar pad		NO		NO			\$56.08	
1250	L2820	Soft interface below knee se		NO		NO			\$62.35	
1251	L2830	Soft interface above knee se		NO		NO			\$70.11	
1252	L2840	Tibial length sock fx or equ		NO		NO			\$39.13	
1253	L2850	Femoral lgth sock fx or equa		NO		NO			\$44.46	
		addt. to lower ext-joint, knee or ankle,								CMS added
	L2861	custom only, each	Y/12 months	YES		NO				1/1/2010
1255	L2999	Lower extremity orthosis NOS	Y/12 months	YES		NO			M	
										PA ended eff.
1256	L3000	foot insert Berkeley shell, each		NO		NO			\$247.24	12-1-09
										rate change
										08/01/2007; PA
										ended eff. 12-1-
1257	L3001	foot insert Spenco, each		NO		NO			\$101.20	09

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1	MEDICAII	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedu	le 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	1/3/10; rev 12/1	10; rev 1/1/1	1; REV 1/	1/13				
4	Red indicat	tes new codes or changes for the most of	c							
5	PA require	d for rentals as indicated on the fee sch	edule.							
6		ance of a code on this fee schedule does		coverage.						
		y limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requ								
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&		D 1	
	HCDCC	Daniel de	purchase or	CMN	T !!4	D4 - 1	CMN	D 4 - 1 D	Purchase	1-41-4-1
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
										rate change
										08/01/2008; PA
1258	L3002	foot insert, Plastazote, each		NO		NO				endedeff. 12-1-09
1200	20002	Tool more, Translation, Table		1,0		1,0			Ψ1-2.7.2	rate change
										08/01/2009; PA
										ended eff. 12-1-
1259	L3003	foot insert, Silicone gel, each		NO		NO			\$132.38	09
1260	L3010	Longitudinal Arch support each		NO		NO			\$122.12	
										PA ended eff.
1261	L3020	Foot longitud/metatarsal supp		NO		NO			\$139.06	
1000									4.5.	PA ended eff.
1262	L3030	Foot arch support remov prem		NO		NO			\$53.49	12-1-09
1262	1 2040	Foot arch support remov premolded		NO.		NO			¢21.00	PA ended eff.
1203	L3040	longitudinal, each		NO		NO			\$31.99	12-1-09 rate set
		Foot arch support, removable,								01/02/2007; PA
		premolded, longitudinal & horizontal,								ended eff. 12-
1264	L3060	each				NO			\$53.73	
	L3100	Hallus-valgus night dynamic splint		NO		NO			\$30.31	1 0)
	L3140	Abduction rotation bar shoe		NO		NO			\$60.69	

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2										
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		tes new codes or changes for the most of								
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		rance of a code on this fee schedule does		coverage.						
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			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
1267	L3150	Abduction rotation bar w/o shoe		NO		NO			\$55.49	_
										PA removed eff.
	L3160	Shoe styled postioning device		NO		NO			\$159.84	8/1/10
1269	L3170	Foot plastic heel stablizer		NO		NO			\$34.69	
1270	L3201	Oxford w supinator/pronator inf each	Y/ 12 months	YES		NO			\$51.28	
1271	L3202	Oxford w supinator/pronator child each	Y/ 12 months	YES		NO			\$80.00	
1272	L3203	Oxford w supinator/pronator jun each	Y/ 12 months	YES		NO			\$73.47	
1273	L3204	Hightop w supp/pronator infant each	Y/ 12 months	YES		NO			\$67.08	
1274	L3206	Hightop w supp/pronator child each	Y/ 12 months	YES		NO			\$72.41	
1275	L3207	Hightop w supp/pronator junior each	Y/ 12 months	YES		NO			\$76.66	
1276	L3208	Surgical boot, each infant	Y/ 12 months	YES		NO			\$54.31	
1277	L3209	Surgical boot, each child	Y/ 12 months	YES		NO			\$28.75	

	Α	В	С	D	Е	F	G	Н	I	J
1	MEDICAL	D PROGRAM DME FEE SCHEDULE								
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3	Fee Schedu	ıle 7/1/10; rev 8/1/10; rev 10/5/10; rev 1	1/3/10; rev 12/1	0; rev 1/1/1	1; REV 1/	1/13				
		tes new codes or changes for the most of								
		ed for rentals as indicated on the fee sch								
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	•	regulation, any item \$500 or over requi	1							
٣	Dy carrent	regulation, any ment \$200 or over requi	CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
1278	L3211	Surgical boot, each junior	Y/ 12 months	YES		NO			\$35.60	
1279	L3212	Benesch boot pair infant	Y/ 12 months	YES		NO			\$56.43	
1280	L3213	Benesch boot pair child	Y/ 12 months	YES		NO			\$61.75	
1281	L3214	Benesch boot pair junior	Y/ 12 months	YES		NO			\$67.08	
1282	L3215	Orthopedic ftwear ladies oxf each	Y/ 12 months	YES		NO			\$78.94	
1283	L3216	Orthopedic ftwear ladies depth each	Y/ 12 months	YES		NO			\$118.67	
1284	L3217	Ladies shoes hightop depth each	Y/ 12 months	YES		NO			\$92.40	
1285	L3219	Orthopedic mens shoes oxford each	Y/ 12 months	YES		NO			\$90.80	
1286	L3221	Orthopedic mens shoes dpth each	Y/ 12 months	YES		NO			\$151.75	
1287	L3222	Mens shoes hightop depth inl each	Y/ 12 months	YES		NO			\$111.86	

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1	MEDICAI	D PROGRAM DME FEE SCHEDULE	,							
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			date for	PA &			PA&			
	Habaa	5	purchase or	CMN	T • • •	D (1	CMN	D (1D)	Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
1288	L3224	Woman's shoe oxford brace each	Y/ 12 months	YES		NO			\$42.22	
1289	L3225	Man's shoe oxford brace each	Y/ 12 months	YES		NO			\$48.57	
1290	L3230	Custom shoes depth inlay each	Y/ 12 months	YES		NO			\$308.31	
1291	L3250	Custom mold shoe remov prost each	Y/ 12 months	YES		NO			\$231.77	
1292	L3251	Shoe molded to pt silicone s each	Y/ 12 months	YES		NO			\$280.14	
1293	L3252	Shoe molded plastazote cust each	Y/ 12 months	YES		NO			\$210.21	
1294	L3253	Shoe molded plastazote cust each	Y/ 12 months	YES		NO			\$99.94	
1295	L3254	Orth foot non-std size/w	Y/ 12 months	YES		NO			\$149.07	
1296	L3255	Orth foot non-std size/w	Y/ 12 months	YES		NO			\$42.59	
1297	L3257	Orth foot add charge split	Y/ 12 months	YES		NO			\$95.83	
1298	L3260	Ambulatory surgical boot each		NO		NO			\$22.03	

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8	By current	regulation, any item \$500 or over requ								
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			expiration date for	Purchase PA &			Rental PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental		Rental Price	Price	date updated
	L3265	Plastazole sandal each	Tentar	NO	Limits	NO	required	Rental I lice	\$25.00	
1200	20200	TABLESTO SUITORE CHOIL		110		1,0			\$20. 00	
1300	L3300	Lift, Elevation Heel, Tapered to Metata		NO		NO			\$44.00	
										rate change
										08/01/2007; PA
										ended eff. 12-1-
1301	L3310	Shoe lift elev heel/sole neo		NO		NO			\$61.84	09 PA ended eff.
1202	L3320	shoe lift elev heel/sole cor		NO		NO			¢67.29	12-1-09
1302	L3320	shoe fift elev fleel/sole col		NO		NO			\$07.36	Added effective 7-
										1-10 with M
		Lift elevation, metal extension, (skate)								pricing; rate set
1303	L3330	each	YES	YES		NO			\$515.21	11-1-10
										former rate
										\$45.00 change
										eff. 1/15/08; PA
	x 2222			,,,						ended eff.
1304	L3332	Shoe lift inside tapered up to 1/2 inch		NO		NO			\$51.16	12-1-09
1205	L3334	Shoo lift alayation hool paringh and		NO		NO			\$26.74	PA removed eff.
1303	ഥാാാ4	Shoe, lift elevation, heel, per inch, each		NU		NU			\$26.74	0/1/10

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8	By current	regulation, any item \$500 or over requi								
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			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
1,000	1 22 40			NO		NO			Φ50.72	PA removed
1306	L3340	shoe wedge sach		NO		NO			\$59.73	PA ended eff.
4207	1 2250	111		NO		NO			¢1.6.05	
1307	L3350	shoe sole wedge		NO		NO			\$16.05	12-1-09 PA ended eff.
1200	L3360	shoe sole wedge outside sole		NO		NO			\$24.06	12-1-09
1306	L3300	shoe sole wedge outside sole		NO		NO			\$24.90	PA ended eff.
1309	L3370	shoe sole wedge between sole		NO		NO			\$34.77	12-1-09
1000	L3370	shoe sole wedge between sole		110		110			ψ31.77	PA ended eff.
1310	L3380	shoe clubfoot wedge		NO		NO			\$34.77	12-1-09
		5								PA ended eff.
1311	L3390	shoe outflare wedge		NO		NO			\$39.04	12-1-09
										PA ended eff.
1312	L3400	shoe metarsal bar wedge		NO		NO			\$28.53	12-1-09
										PA ended eff.
1313	L3410	shoe metarsal bar between		NO		NO			\$65.07	12-1-09
										PA ended eff.
1314	L3420	full sole/heel wedge btween		NO		NO			\$38.33	12-1-09
1										PA ended eff.
1315	L3430	shoe heel count plast reinforc		NO		NO			\$112.32	12-1-09

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1	MEDICAL	D PROGRAM DME FEE SCHEDULE								
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		tes new codes or changes for the most of								
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			CMN	L .			D 4 1			
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9	HCPCS	Description	-		T imita	Dontal		Rental Price	Purcnase Price	data undatad
-	пстсь	Description	rental	required	Limits	Rental	required	Kentai Frice	Frice	date updated PA ended eff.
1316	L3440	heel leather reinforced		NO		NO			\$53.49	12-1-09
1010	L3440	neer reuner remioreed		110		110			ψ33.47	PA ended eff.
1317	L3450	shoe heel sach cushion type		NO		NO			\$73.99	12-1-09
		J.							,	PA ended eff.
1318	L3455	shoe heel new leather standard		NO		NO			\$32.04	12-1-09
										PA ended eff.
1319	L3460	shoe heel new rubber standard		NO		NO			\$27.02	12-1-09
										PA ended eff.
1320	L3465	shoe heel thomas with wedge		NO		NO			\$41.01	12-1-09
									* 4 * * * * * * * * * * * * * * * * * *	PA ended eff.
1321	L3470	shoe heel thomas extend to B		NO		NO			\$43.68	12-1-09
1,000	1 2400	111.0.1.0.1.0		l NO		NO			¢42.60	PA ended eff.
1322	L3480	shoe heel pad &depress for		NO		NO			\$43.68	12-1-09 PA ended eff.
1323	L3485	shoe heel pad removeable for		NO		NO			\$10.00	12-1-09
1323	L3403	shoc neer pad removeable for		NO		NO			φ19.00	PA ended eff.
1324	L3500	ortho shoe add leather insol		NO		NO			\$20.50	12-1-09
	2000	orano sinob add readier misor		1,0		110			Ψ20.50	PA ended eff.
1325	L3510	orthopedic shoe add rub insl		NO		NO			\$20.50	12-1-09

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1	MEDICAL	D PROGRAM DME FEE SCHEDULE								
2										
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4	Red indica	tes new codes or changes for the most of	3							
5	PA require	d for rentals as indicated on the fee sch	edule.							
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		ty limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requi								
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9	HCPCS	Description	purchase or rental		T imita	Dontal		Rental Price	Purchase Price	doto undotod
 	incres	Description	rentai	required	Limits	Rental	required	Rental Price	Price	date updated PA ended eff.
1326	L3520	ortho shoe add felt w leather insol		NO		NO			\$22.29	12-1-09
1020	13320	ortho shoe add left w feather hisor		110		110			Ψ22.29	PA ended eff.
1327	L3530	ortho shoe add half sole		NO		NO			\$22.29	12-1-09
										PA ended eff.
1328	L3540	ortho shoe add full sole		NO		NO			\$35.66	12-1-09
										PA ended eff.
1329	L3550	ortho shoe add standard toe tap		NO		NO			\$7.01	12-1-09
										PA ended eff.
1330	L3560	ortho shoe add horseshoe toe tap		NO		NO			\$18.02	12-1-09
1004	1.2570	and a state of the		l NO		NO			¢.7.00	PA ended eff.
1331	L3570	ortho shoe add instep extension		NO		NO			\$67.06	12-1-09 PA ended eff.
1332	L3580	ortho shoe add instep velcro clos		NO		NO			\$51.04	12-1-09
1332	L3360	ortho shoc add histop veicro clos		110		110			φ51.04	PA ended eff.
1333	L3590	ortho shoe convert firm to soft count		NO		NO			\$42.04	12-1-09
	1	3333							÷ :=:0 •	PA ended eff.
1334	L3595	ortho shoe add march bar		NO		NO			\$30.56	12-1-09
1335	L3600	Trans shoe calip plate exist		NO		NO			\$60.06	
	L3610	Trans shoe caliper plate new		NO		NO			\$79.08	
1337	L3620	Trans shoe solid stirrup existing		NO		NO			\$60.06	

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4	Dad indian	tes new codes or changes for the most of								
		ed for rentals as indicated on the fee sch								
		rance of a code on this fee schedule does		coverage						
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	•	regulation, any item \$500 or over requi	1							
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
	L3630	Trans shoe solid stirrup new		NO		NO			\$79.08	
	L3640	Shoe Dennis Browne splint both		NO		NO			\$34.03	
	L3649	orthopedic shoe modification NOS	Y/12 months	YES		NO			M	
$\overline{}$	L3650	Shlder fig 8 abduct restrain		NO		NO			\$42.06	
	L3660	Abduct restrainer canvas&web		NO		NO			\$72.21	
1343	L3670	Acromio/clavicular canvas&we		NO		NO			\$100.66	
										added to fee
	L3671	Shoulder othosis, cap design w/o joints	Y/12 months	YES		NO				schedule7/26/07
1345	L3675	Canvas vest SO		NO		NO			\$123.30	added to fee
		-11								
		elbow orthosis w/o joints, may include								schedule03/08 with effective
1246	L3702	soft interface, straps, custom fabricated incl. fitting & adj.	V/12 th	YES		NO			M	DOS 5/1/07
	L3702 L3710	Elbow elastic with metal joi	Y/12 months	NO		NO			\$101.87	DOS 3/1/07
1347	L3/10	Elbow elastic with metal joi		NO		NO			\$101.87	
1348	L3720	Forearm/arm cuffs free motio	Y/ 12 months	YES		NO			\$508.23	
10.0	23720	ordania anni cuno neci mono	1, 12 months	ILD		110			Ψ500.23	
1349	L3730	Forearm/arm cuffs ext/flex a	Y/ 12 months	YES		NO			\$669.04	
1350	L3740	Cuffs adj lock w/ active con	Y/ 12 months	YES		NO			\$751.88	

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			date for	PA & CMN			PA& CMN		D	
	HCPCS	Description	purchase or		T ::4	Dantal		Dantal Dries	Purchase Price	d.4 d.4. d
9	Incres	Description Elbow orthosis, adj position locking	rental	required	Limits	Rental	required	Rental Price	Price	date updated PA removed eff.
1351	L3760	joints, prefab, inc fitting and adj		NO		NO			\$335.71	
1001	L3700	Elbow orthosis rigid, w/o joints, prefab,		110		110			ψ333.71	0/1/10
1352	L3762	soft interface, incl. Fitting/adj.		NO		NO			\$63.37	
		and the state of t							,	code added to fee
										schedule
										10/12/07 former
										rate \$886.65
		elbow wrist hand orthosis rigid w/o								change eff.
1353	L3763	joints custom fab incl. fitting & adj.	Y/12 months	YES		NO			\$501.18	1/15/08
										code added to fee
										schedule
										01/02/2007; rate
										set eff. 1/15/08
										rate adj. 8/1/08
										from \$286.74;
										rate change eff.
										DOS 4/1/09;
		WHFO, incl. 1 or more nontorsion								former rate
1354	L3806	joints. Custom	Y/12 months	YES		NO			\$376.35	purchase \$517.69

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			expiration date for	Purchase PA &			Rental PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental		Rental Price	Purchase Price	date updated
F	incres	WHFO w/o joints, prefab includes fitting		requireu	Lillits	Kentai	requireu	Rental Fice	11100	uate upuateu
1355	L3807	and adjustments any type		NO		NO			\$175.69	
1000	23007	and adjustments any type		110		1,0			ψ173.07	rate set
										08/01/2007; rate
										adj. 8/1/08 from
										\$195.15; rate
										change 3/1/10
1356	L3808	WHFO, rigid w/o joints, custom,	Y/12 months	YES		NO			\$276.74	from \$488.89
		Addt. to upper ext. joint, wrist, or elbow,								CMS added
1357	L3891	custom fabricated only, each	Y/12 minths	YES		NO			M	1/1/2010
1358	L3900	Hinge extension/flex wrist/f	Y/ 12 months	YES		NO			\$1,097.63	
1359	L3901	Hinge ext/flex wrist finger	Y/ 12 months	YES		NO			\$1,230.73	
1.000	23701	zampo ong non mise imper	1, 12 months	125		1,0			Ψ1,220.73	
1360	L3904	Whfo electric custom fitted	Y/ 12 months	YES		NO			\$2,505.44	

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2										
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۳	rec seneut	nc 7/1/10, 1cv 0/1/10, 1cv 10/3/10, 1cv 1	1/3/10, 104 12/1		11, KE V 1/	1/13				
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		tes new codes or changes for the most								
		d for rentals as indicated on the fee sch								
6		rance of a code on this fee schedule does		e coverage.						
7 8		ty limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requ	CMN							
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				CMN			CMN		Donaloss	
	HCPCS	Description	purchase or		T !!4.	Dantal		Dantal Drias	Purchase	do40do40.d
9	HCPCS	Description	rental	required	Limits	Rental	requirea	Rental Price	Price	date updated code added to fee
										schedule
										04/02/2007 rate
										set 08/01/2007;
										rate adj. eff.
										8/1/08 from
1361	L3905	wrist/hand orthosis custom	Y/12 months	YES		NO			\$301.80	\$685.74
1301	L3903	witst hand ofthosis custom	1/12 monuis	TES		NO			ψ301.09	\$005.74
1362	L3906	Wrist hand orthosis, w/o joints, custom	Y/12 months	YES		NO			\$296.41	
	L3907	Whfo wrist gauntlt thmb spica							CMS DC	1/08
	L3908	Wrist cock-up non-molded		NO		NO			\$42.10	
	L3912	Flex glove w/elastic finger		NO		NO			\$67.55	
		Hand finger orthosis, w/o joints, may								added to fee
		include soft interface, straps, custom								schedule 8-8-08
		fabricated, incl fitting & adjustment,								for DOS 4-1-08
1366	L3913	each	Y/12 months	YES		NO			\$170.97	and after
		WHFO, rigid with 1 or more joints,								PA removed eff.
1367	L3915	prefab,		NO		NO			\$367.58	8/1/10
		hand orthosis, metacarpal fracture								
1368	L3917	orthosis, prefab, incl fitting and adj.		NO		NO			\$62.25	

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		d for rentals as indicated on the fee sch								
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		ty limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requi								
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&		Dl	
9	HCPCS	Description	purchase or	CMN	T imita	Dantal	CMN	Rental Price	Purchase Price	date updated
 	incres	Description	rental	required	Limits	Rental	required	Rental Price	Frice	former rate
		Hand finger orthosis, without joint,								\$27.35 change
1369	L3923	prefab, inc fitting and adj		NO		NO			\$54.91	eff. 1/15/08
		J. W. W. J. W. J. W. W. W. J. W. W. W. J. W. W. W. J. W.								CMS code
										addition 1/08;
										rate set eff.
										1/15/08; PA req.
		Finger orthosis, PIP/DIP, non-torsion								removed eff.
		joint/spring, ext./flex., pre-fab, incl								1/15/08. system
1370	L3925	fitting & adj., each		NO		NO			\$33.35	updated. CMS code
		Finger orthosis, PIP/DIP, non-torsion								addition 1/08;
		w/o joint/spring, ext./flex., pre-fab, incl								rate set 8/1/08;
1371	L3927	fitting & adj., each				NO			\$22.00	PA removed
1371	LJ921	inting & adj., cach				NO			Ψ22.09	1 A Tellioved
										CMS code
										addition 1/08 rate
		Hand finger orthosis, incl. 1 or more								set eff. 1/15/08;
		nontorsion joints, turnbuckles, elastic								PA req. removed
		bands/spring, straps, pre-fab, incl. fitting								eff. 1/15/08.
1372	L3929	& adj., each		NO		NO			\$53.14	system updated.

	Α	В	С	D	Е	F	G	Н	I	J
1	MEDICAL	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedu	de 7/1/10; rev 8/1/10; rev 10/5/10; rev 1	1/3/10; rev 12/1	0; rev 1/1/1	1; REV 1/	1/13				
4	Red indicate	tes new codes or changes for the most of	2							
		d for rentals as indicated on the fee sch								
6		cance of a code on this fee schedule does		coverage.						
		y limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requi								
			CMN	Purchase			Rental			
			expiration date for	Purchase PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	- '	Rental Price	Price	date updated
٣	1101 05	Description	1011001	required	Ziiiits	Tenta	required	110110111100	11100	CMS code
										addition 1/08;
										rate set eff.
		Wrist, hand, finger orthosis, incl. 1 or								1/15/08; PA req.
		more nontorsion joints, turnbuckles,								removed eff.
		elastic bands/springs, straps, pre-fab,								1/15/08. system
1373	L3931	incl. fitting & adj., each		NO		NO			\$128.55	updated.
		Figure 4 to the state of the st								
		Finger orthosis, w/o joints, may include soft interface, custom fabricated, incl.								
137/	L3933	fitting & adjustment, each	Y/12 months	YES		NO			\$176.70	code added 5/10
1374	L3733	addt. Of joint to upper ext orth. any	1/12 months	ILS		110			Ψ170.77	code added 3/10
1375	L3956	material, per joint	Y/12 months	YES		NO			M	4/2/2007
		/ F - J								
1376	L3960	Sewho airplan desig abdu pos	Y/ 12 months	YES		NO			\$579.15	
1377	L3962	Sewho erbs palsey design abd	Y/ 12 months	YES		NO			\$603.04	
1378	L3964	Seo mobile arm sup att to wc	Y/ 12 months	YES		Y/ month	YES	\$59.42	\$594.21	
1379	L3965	Arm supp att to we rancho ty	Y/ 12 months	YES		Y/ month	YES	\$94.82	\$948.19	

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		, , , , , , , , , , , , , , , , , , , ,								
4	Red indica	ites new codes or changes for the most	C							
		ed for rentals as indicated on the fee sch								
6		rance of a code on this fee schedule does		coverage.						
7	If a quanti	ty limit is exceeded, a CMN & PA are r	equired.							
8	By current	t regulation, any item \$500 or over requ								
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
1380	L3966	Mobile arm supports reclinin	Y/ 12 months	YES		Y/ month	YES	\$63.21	\$632.12	
1000	20,00	and the support of th	1, 12 1110114115	125		17 monus	125	\$00. 2 1	Ψ002.112	
1381	L3968	Friction dampening arm supp	Y/ 12 months	YES		Y/ month	YES	\$87.87	\$878.65	
1382	L3969	Monosuspension arm/hand supp	Y/ 12 months	YES		Y/ month	YES	\$63.21	\$632.12	
1202	L3970	Elevet mayimal ann symnest		NO		NO			\$252.96	
1303	L3970	Elevat proximal arm support		NO		NO			\$252.86	
										code added to fee
		SEHWO, shoulder cap design, custom								schedule01/02/20
1384	L3971	fabricated	Y/12 months	YES		NO			\$1,248.33	
1385	L3972	Offset/lat rocker arm w/ ela		NO		NO			\$160.79	
	L3974	Mobile arm support supinator		NO		NO			\$128.59	
	L3980	Upp ext fx orthosis humeral		NO		NO			\$217.21	
	L3982	Upper ext fx orthosis rad/ul		NO		NO			\$268.36	
1389	L3984	Upper ext fx orthosis wrist		NO		NO			\$286.46	
		Add. To upper ext. sock, fracture, or								
1390	L3995	equal, each	_	NO		NO			\$24.05	
1204	1 2000	Upper limb orthosis, not otherwise	W/ 12	VEC		NO			3.4	
1391	L3999	specified	Y/ 12 months	YES		NO			M	

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4	Red indica	tes new codes or changes for the most	c							
5	PA require	ed for rentals as indicated on the fee sch	edule.							
6	The appea	rance of a code on this fee schedule does	not guarantee	coverage.						
		ty limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requ								
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
1392	L4000	Repl girdle milwaukee orth	Y/ 12 months	YES		NO			\$936.66	
		Replacement strap, any orthosis,		-					,	
		includes all components, any lgth., any								
1393	L4002	type	Y/12months	YES		NO			M	
1394	L4010	Replace trilateral socket brim	Y/ 12 months	YES		NO			\$527.10	
1395	L4020	Replace quadlat socket brim	Y/ 12 months	YES		NO			\$658.39	

1396	L4030	Replace socket brim cust fit	Y/ 12 months	YES		NO			\$362.50	
1397	L4040	Replace molded thigh lacer	Y/ 12 months	YES		NO			\$293.09	
	L4045	Replace non-molded thigh lac	1/ 12 months	NO		NO			\$235.52	
1.000	21013	replace non moraca ungu lac		1,0		110			Ψ233.32	
1399	L4050	Replace molded calf lacer	Y/ 12 months	YES		NO			\$296.42	
1400	L4055	Replace non-molded calf lace		NO		NO			\$191.94	
1401	L4060	Replace high roll cuff		NO		NO			\$228.18	
1402	L4070	Replace prox & dist upright		NO		NO			\$217.71	
1403	L4080	Repl met band kafo-afo prox		NO		NO			\$76.74	
1404	L4090	Repl met band kafo-afo calf/		NO		NO			\$67.93	

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	T CC SCHOOL	<u> </u>		10,1011/1/1	1,111,1	1,10				
4	Dod indica	tes new codes or changes for the most								
		ed for rentals as indicated on the fee sch								
		rance of a code on this fee schedule does		coverage.						
	• •	ty limit is exceeded, a CMN & PA are re		Coverage.						
		regulation, any item \$500 or over requi								
٣	25 0011011		CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
1405	L4100	Repl leath cuff kafo prox th		NO		NO	_		\$76.62	_
1406	L4110	Repl leath cuff kafo-afo cal		NO		NO			\$60.89	
										PA removed eff.
1407	L4130	Replace pretibial shell		NO		NO			\$419.07	8/1/10
			Y/12 months							
			if PA	YES >						PA requirement
1408	L4205	Repair orthotic device per 15 min labor	required	\$500		NO			\$10.00	raised eff 8/1/10
			Y/12 months							
			if PA	YES >						PA requirement
	L4210	repair or replace minor parts	required	\$500		NO				raised eff 8/1/10
	L4350	Pneumatic ankle cntrl splint		NO		NO			\$75.50	
	L4360	Pneumatic walking splint		NO		NO			\$211.22	
	L4370	Pneumatic full leg splint		NO		NO			\$135.55	
1413	L4380	Pneumatic knee splint		NO		NO			\$83.11	former rate
										former rate \$83.11 change
1111	L4386	Non proumatic walking boot		NO		NO			¢100.09	eff. 1/15/08
	L4386 L4394	Non-pneumatic walking boot Replacement Foot Drop Splint		NO		NO			\$109.98 \$13.13	e11. 1/13/U8
	L4394 L4396	Static AFO		NO		NO			\$13.13	
	L4398	Foot drop splint recumbent		NO		NO			\$129.57	
1417	L4398	Foot drop spinit recumbent		NU		NU			\$39.03	

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1	MEDICAL	D PROGRAM DME FEE SCHEDULE								
2										
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		tes new codes or changes for the most of								
		ed for rentals as indicated on the fee scho								
	•	rance of a code on this fee schedule does ty limit is exceeded, a CMN & PA are re		coverage.						
	•	regulation, any item \$500 or over requi								
۳	by current		CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
1418	L5000	Sho insert w arch toe filler	Y/ 12 months	YES		NO			\$404.82	
1419	L5010	Mold socket ank hgt w/ toe f	Y/ 12 months	YES		NO			\$977.72	
1420	L5020	Tibial tubercle hgt w/ toe f	Y/ 12 months	YES		NO			\$1,660.43	
1421	L5050	Ank symes mold sckt sach ft	Y/ 12 months	YES		NO			\$1,836.74	
1422	L5060	Symes met fr leath socket ar	Y/ 12 months	YES		NO			\$2,112.77	
1423	L5100	Molded socket shin sach foot	Y/ 12 months	YES		NO			\$1,840.79	
1424	L5105	Plast socket jts/thgh lacer	Y/ 12 months	YES		NO			\$2,657.36	
1425	L5150	Mold sckt ext knee shin sach	Y/ 12 months	YES		NO			\$2,686.23	
1426	L5160	Mold socket bent knee shin s	Y/ 12 months	YES		NO			\$2,921.76	
1427	L5200	Knee sing axis fric shin sach	Y/ 12 months	YES		NO			\$2,797.99	

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2										
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4	Red indica	tes new codes or changes for the most of								
5	PA require	d for rentals as indicated on the fee sch	edule.							
6	The appear	cance of a code on this fee schedule does	not guarantee	coverage.						
	•	y limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requi								
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&		D 1	
	HCDCC	Demoderation	purchase or	CMN	T !!4	D4 - 1	CMN	D 4 - 1 D	Purchase	1-4 1-4-1
9	HCPCS	Description	rental	required	Limits	Rental	requirea	Rental Price	Price	date updated
1428	L5210	No knee/ankle joints w/ ft b	Y/ 12 months	YES		NO			\$1,856.19	
1429	L5220	No knee joint with artic ali	Y/ 12 months	YES		NO			\$2,109.89	
1430	L5230	Fem focal defic constant fri	Y/ 12 months	YES		NO			\$2,909.97	
1431	L5250	Hip canadian sing axi cons fric	Y/ 12 months	YES		NO			\$3,968.93	
1432	L5270	Tilt table locking hip sing	Y/ 12 months	YES		NO			\$3,951.32	
1433	L5280	Hemipelvect canadian sing axis	Y/ 12 months	YES		NO			\$3,921.05	
		Below Knee molded socket, shin each								
1434	L5301	foot, endosketal system	Y/ 12 months	YES		NO			\$2,205.98	
1425	I 5211	Knee disarticulation, molded socket,	V/ 12	VEC		NO				rate change
1435	L5311	external knee joints, shin,sach foot endo Above Knee, molded socket, open end,	Y/ 12 months	YES		NO			\$2,964.15	08/01/2007
		sach foot, endoskelttal system, single								
1436	L5321	axis knee	Y/ 12 months	YES		NO			\$3,197.63	

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2										
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		tes new codes or changes for the most								
		ed for rentals as indicated on the fee sch								
	•	rance of a code on this fee schedule does		coverage.						
	•	ty limit is exceeded, a CMN & PA are re								
<u> </u>	By current	t regulation, any item \$500 or over requi	CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental		Rental Price	Price	date updated
		Hip disarticulation, Canadian type,		-						•
		molded socket endoskeletal system, hip								rate change
1437	L5331	joint, single	Y/ 12 months	YES		NO			\$3,824.67	08/01/2007
		Hemipelvectomy, Canadian type,								
		molded socket, endoskeletal hip joint								rate change
1438	L5341	single axis knee	Y/ 12 months	YES		NO			\$3,981.49	08/01/2007
1439	L5400	Postop dress & 1 cast chg bk	Y/ 12 months	YES		NO			\$1,041.72	
1440	L5410	Postop dsg bk ea add cast ch	Y/ 12 months	YES		NO			\$319.61	
1	23110	Tostop asg on ea add east en	17 12 months	TES		1,0			ψ317.01	
1441	L5420	Postop dsg & 1 cast chg ak/d	Y/ 12 months	YES		NO			\$1,276.60	
1442	L5430	Postop dsg ak ea add cast ch	Y/ 12 months	YES		NO			\$384.93	
1443	L5450	Postop app non-wgt bear dsg	Y/ 12 months	YES		NO			\$313.15	
1444	L5460	Postop app non-wgt bear dsg	Y/ 12 months	YES		NO			\$417.21	
	L5500	Init bk ptb plaster direct	Y/ 12 months	YES		NO			\$982.44	

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1	MEDICAL	D PROGRAM DME FEE SCHEDULE								
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		tes new codes or changes for the most of								
		d for rentals as indicated on the fee scho								
7	•	rance of a code on this fee schedule does by limit is exceeded, a CMN & PA are re		coverage.						
	•	regulation, any item \$500 or over requi								
۳	by current		CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
1446	L5505	Init ak ischal plstr direct	Y/ 12 months	YES		NO			\$1,358.73	
1447	L5510	Prep BK ptb plaster molded	Y/ 12 months	YES		NO			\$1,113.65	
1448	L5520	Perp BK ptb thermopls direct	Y/ 12 months	YES		NO			\$1,100.03	
1449	L5530	Prep BK ptb thermopls molded	Y/ 12 months	YES		NO			\$1,321.24	
1450	L5535	Prep BK ptb open end socket	Y/ 12 months	YES		NO			\$1,279.19	
1451	L5540	Prep BK ptb laminated socket	Y/ 12 months	YES		NO			\$1,384.52	
1452	L5560	Prep AK ischial plast molded	Y/ 12 months	YES		NO			\$1,486.72	
1453	L5570	Prep AK ischial direct form	Y/ 12 months	YES		NO			\$1,545.67	
1454	L5580	Prep AK ischial thermo mold	Y/ 12 months	YES		NO			\$1,804.46	
1455	L5585	Prep AK ischial open end	Y/ 12 months	YES		NO			\$2,220.69	

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		tes new codes or changes for the most of								
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6		rance of a code on this fee schedule does		coverage.						
		ty limit is exceeded, a CMN & PA are re regulation, any item \$500 or over requi								
-	by current	regulation, any item \$500 or over requi	CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
1456	L5590	Prep AK ischial laminated	Y/ 12 months	YES		NO			\$1,838.87	
1457	L5595	Hip disartic sach thermopls	Y/ 12 months	YES		NO			\$3,248.61	
1458	L5600	Hip disart sach laminat mold	Y/ 12 months	YES		NO			\$3,492.11	
1459	L5610	Above knee hydracadence	Y/ 12 months	YES		NO			\$1,583.72	
1460	L5611	Ak 4 bar link w/fric swing	Y/ 12 months	YES		NO			\$1,232.45	
1461	L5613	Ak 4 bar ling w/hydraul swig	Y/ 12 months	YES		NO			\$1,926.89	
1462	L5614	4-bar link above knee w/swng	Y/ 12 months	YES		NO			\$1,305.33	
1463	L5616	Ak univ multiplex sys frict	Y/ 12 months	YES		NO			\$1,041.28	
1464	L5617	AK/BK self-aligning unit ea		NO		NO			\$432.81	
									***	PA removed
	L5618	Test socket symes	Y/12 months	NO		NO				effective 8-1-08.
1466	L5620	Test socket below knee		NO		NO			\$212.67	

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			CMN expiration date for purchase or	Purchase PA & CMN			Rental PA& CMN		Purchase	
	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
1467	L5622	Test socket knee disarticula		NO		NO			\$277.31	
1468	L5624	Test socket above knee		NO		NO			\$278.10	
1469	L5626	Test socket hip disarticulat		NO		NO			\$364.71	
	L5628	Test socket hemipelvectomy		NO		NO			\$389.97	
1471	L5629	Below knee acrylic socket		NO		NO			\$243.10	
1472	L5630	Syme typ expandabl wall sckt		NO		NO			\$343.30	
1473	L5631	Ak/knee disartic acrylic soc		NO		NO			\$336.10	PA removed eff 8/1/10
	L5632	Symes type ptb brim design s		NO		NO			\$187.58	
	L5634	Symes type poster opening so		NO		NO			\$232.68	
	L5636	Symes type medial opening so		NO		NO			\$194.91	
1477	L5637	Below knee total contact		NO		NO			\$220.98	
1478	L5638	Below knee leather socket		NO		NO			\$384.95	PA removed eff 8/1/10
1479	L5639	Below knee wood socket	Y/ 12 months	YES		NO			\$857.64	
1480	L5640	Knee disarticulat leather so		NO		NO			\$489.13	PA removed eff 8/1/10

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		tes new codes or changes for the most of								
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8	ву current	regulation, any item \$500 or over requi	CMN							
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			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental		Rental Price	Price	date updated
		•		•						PA removed eff
1481	L5642	Above knee leather socket		NO		NO			\$473.93	8/1/10
1,400	T 5 6 4 2		X7/10 .1	T/TEG		NO			φ1 100 7 0	
1482	L5643	Hip flex inner socket ext fr	Y/ 12 months	YES		NO			\$1,190.58	PA removed eff
1/102	L5644	Above knee wood socket		NO		NO			\$451.81	
1403	L3044	Above knee wood socket		NO		NO			φ431.61	0/1/10
1484	L5645	Ak flexibl inner socket ext	Y/ 12 months	YES		NO			\$610.34	
										PA removed eff
1485	L5646	Below knee air cushion socket		NO		NO			\$419.12	8/1/10
									* * * * * * * * * * * * * * * * * * *	
1486	L5647	Below knee suction socket	Y/ 12 months	YES		NO			\$608.48	
1487	L5648	Above knee air cushion socket	Y/ 12 months	YES		NO			\$503.62	
1407	25040	1100 to know an eusmon socket	1, 12 months	ILS		110			ψ505.02	
1488	L5649	Isch containmt/narrow m-l so	Y/ 12 months	YES		NO			\$1,824.88	
1489	L5650	Tot contact ak/knee disart s		NO		NO			\$373.43	PA removed eff
1703	12020	1 of contact ar/knee disart s		110		110			φυ15.45	0/ 1/ 10
1490	L5651	Ak flex inner socket ext fra	Y/ 12 months	YES		NO			\$918.63	

	Α	В	С	D	Е	F	G	Н	I	J
1	MEDICAI	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedi	ule 7/1/10; rev 8/1/10; rev 10/5/10; rev 1	1/3/10· rev 12/	10. rev 1/1/1	1. RFV 1/	/1/13				
۳	rec seneut	me 1/1/10, 1ev 0/1/10, 1ev 10/5/10, 1ev 1	1/3/10, 104 12/1		11, KE V 1/	1/13				
١,	D 11 11									
		tes new codes or changes for the most								
5 6		ed for rentals as indicated on the fee sch rance of a code on this fee schedule doe								
	• •	ty limit is exceeded, a CMN & PA are r		coverage.						
		ty milit is exceeded, a CMN & PA are reconstruction, any item \$500 or over requ								
۳	by current	Tegulation, any item \$300 or over requ	CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
		•		1						•
										PA removed eff
1491	L5652	Suction susp ak/knee disart		NO		NO			\$333.50	
									700000	PA removed eff
1492	L5653	Knee disart expand wall sock		NO		NO			\$445.19	
1493	L5654	Socket insert symes		NO		NO			\$253.68	
1494	L5655	Socket insert below knee		NO		NO			\$214.98	
	L5656	Socket insert knee articulat		NO		NO			\$288.41	
1496	L5658	Socket insert above knee		NO		NO			\$278.13	
										PA removed eff
1497	L5661	Multi-durometer symes		NO		NO			\$465.50	
										PA removed eff
	L5665	Multi-durometer below knee		NO		NO			\$391.67	
	L5666	Below knee cuff suspension		NO		NO			\$53.55	
	L5668 L5670	Socket insert w/o lock lower	V/12	NO YES		NO			\$86.37	
1501	L36/U	Bk molded supracondylar susp Addition to lower extremity, below	Y/12 months	YES		NO			\$207.57	
		knee/above knee suspension locking								PA removed eff
1502	L5671	mechanism		NO		NO			\$432.87	
1302	L30/1	meenamsm		INU		INO			Φ432.87	PA removed eff
1503	L5672	Bk removable medial brim sus		NO		NO			\$228.10	
1003	LJU12	DK TCHIOVADIC HICUIAI UIIIII SUS		NO		NO			φ ∠∠0.1 U	14/09

	А	В	С	D	E	F	G	Н	I	J
1	MEDICAL	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedu	de 7/1/10; rev 8/1/10; rev 10/5/10; rev 1	1/3/10; rev 12/1	10; rev 1/1/1	1; REV 1/	1/13				
4	Red indicate	tes new codes or changes for the most	c							
5	PA require	d for rentals as indicated on the fee sch	edule.							
6		rance of a code on this fee schedule does		coverage.						
7		ty limit is exceeded, a CMN & PA are r								
8	By current	regulation, any item \$500 or over requ								
			CMN	D			D4-1			
			expiration date for	Purchase PA &			Rental PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental		Rental Price	Price	date updated
Ť	1101 05	below knee/above knee socket insert,	1011011	required	Ziiiits	Ttentur	required	Actival 1 fice		dure upunteu
		silicone gel or elastomeric w/locking								
1504	L5673	mech, custom	Y/ 12 months	YES		NO			\$456.19	
										PA removed eff
1505	L5676	Bk knee joints single axis pair		NO		NO			\$277.19	
										PA removed eff
1506	L5677	Bk knee joints polycentric pair		NO		NO			\$377.16	8/1/10
1507	L5678	Bk joint covers pair	Y/ 12 months	NO		NO			\$30.37	
		below knee/above knee socket insert,							·	
		silicone gel or elastomeric no locking								
	L5679	mech, custom	Y/ 12 months	YES		NO			\$380.15	
1509	L5680	Bk thigh lacer non-molded		NO		NO			\$253.53	
		below knee/above knee, custom fab.								
1.540	V W < 0.4	Socket inset initial only for cong. Or	*****	*****					40.50.40	
1510	L5681	atypical	Y/12 months	YES		NO			\$853.43	
1511	L5682	Bk thigh lacer glut/ischia molded	Y/ 12 months	YES		NO			\$478.39	
		below knee/above knee, custom fab,								
		socket inset, initial only not cong.or								
1512	L5683	atypical	Y/ 12 months	YES		NO			\$853.43	

	Α	В	С	D	Е	F	G	Н	I	J
1	MEDICAI	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedi	ıle 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	/3/10: rev 12/1	10: rev 1/1/1	11: REV 1/	1/13				
			,							
4	Red indica	tes new codes or changes for the most of								
		ed for rentals as indicated on the fee scho								
6	•	rance of a code on this fee schedule does		coverage.						
7	-	ty limit is exceeded, a CMN & PA are re								
		regulation, any item \$500 or over requi								
	•		CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
1513	L5684	Bk fork strap		NO		NO			\$36.81	
		Addt. To lower ext. orthosis, below								rate set
1514	L5685	knee, susp./sealing sleeve, any mat. Each		NO		NO			\$93.48	01/02/2007
	L5686	below knee back check extension control		NO		NO			\$39.08	
	L5688	Bk waist belt webbing		NO		NO			\$46.72	
	L5690	Bk waist belt padded and lin		NO		NO			\$74.85	
	L5692	Ak pelvic control belt light		NO		NO			\$101.64	
	L5694	Ak pelvic control belt pad/l		NO		NO			\$138.77	
	L5695	Ak sleeve susp neoprene/equa		NO		NO			\$128.11	
	L5696	Ak/knee disartic pelvic join		NO		NO			\$141.54	
	L5697 L5698	Ak/knee disartic pelvic band Ak/knee disartic silesian ba		NO NO		NO NO			\$61.41 \$100.41	
	L5698 L5699	Shoulder harness		NO NO		NO			\$100.41 \$180.89	
1524	しつりろう	Shoulder Harriess		NU		NU			\$180.89	
1525	L5700	Replace socket below knee	Y/ 12 months	YES		NO			\$2,191.70	
1526	L5701	Replace socket above knee	Y/ 12 months	YES		NO			\$2,632.07	
1527	L5702	Replace socket hip	Y/ 12 months	YES		NO			\$3,329.96	

	А	В	С	D	E	F	G	Н		J
	MEDICAL	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedu	de 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	/3/10; rev 12/1	0; rev 1/1/1	1; REV 1/	1/13				
		tes new codes or changes for the most of								
	•	d for rentals as indicated on the fee scho								
	•	rance of a code on this fee schedule does by limit is exceeded, a CMN & PA are re		coverage.						
	•	regulation, any item \$500 or over requi								
Ť	Dy carrent	regulation, any nem que of or over requi	CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
	HCDCC	Deposite the	purchase or	CMN	T !!4	D4 - 1	CMN	Daniel Date	Purchase	1-41-4-1
9	HCPCS	Description	rental	required	Limits	Rental	requirea	Rental Price	Price	date updated
1528	L5704	Custom shape covr below knee	Y/ 12 months	YES		NO			\$410.01	
1529	L5705	Custom shape cover above knee	Y/ 12 months	YES		NO			\$732.61	
1530	L5706	Custom shape cvr knee disart	Y/ 12 months	YES		NO			\$718.17	
1531	L5707	Custom shape cover hip disart	Y/ 12 months	YES		NO			\$946.80	
4500	Y 5510								\$205.07	PA removed
1532	L5710	Kne-shin exo sng axi mnl loc		NO		NO			\$286.07	PA removed eff
1533	L5711	Knee-shin exo mnl lock ultra		NO		NO			\$399.82	
1000									+c>> 	PA removed eff
1534	L5712	Knee-shin exo frict swg & st		NO		NO			\$335.03	
						110			***	PA removed eff
1535	L5714	Knee-shin exo variable frict		NO		NO			\$344.12	8/1/10
1536	L5716	Knee-shin exo mech stance ph	Y/ 12 months	YES		NO			\$557.52	
1537	L5718	Knee-shin exo frct swg & sta	Y/ 12 months	YES		NO			\$696.84	

	Α	В	С	D	Е	F	G	Н	I	J
1	MEDICAL	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedu	ıle 7/1/10; rev 8/1/10; rev 10/5/10; rev 1	1/3/10; rev 12/1	0; rev 1/1/1	1; REV 1/	1/13				
4	Red indica	tes new codes or changes for the most of	c							
		d for rentals as indicated on the fee sch								
	•	rance of a code on this fee schedule does		coverage.						
		ty limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requi	CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental		Rental Price	Price	date updated
				_						_
1538	L5722	Knee-shin pneum swg frct exo	Y/ 12 months	YES		NO			\$736.18	
1530	L5724	Knee-shin exo fluid swing ph	Y/ 12 months	YES		NO			\$1,154.61	
1333	L3724	Knee-siini exo nuid swing pii	1/ 12 monus	1123		NO			\$1,134.01	
1540	L5726	Knee-shin ext jnts fld swg e	Y/ 12 months	YES		NO			\$1,330.67	
1541	L5728	Knee-shin fluid swg & stance	Y/ 12 months	YES		NO			\$1,820.17	
1011	L3720	Trice sim raid swg & state	17 12 months	TES		110			ψ1,020.17	
1542	L5780	Knee-shin pneum/hydra pneum	Y/ 12 months	YES		NO			\$875.78	
		Addt. to lower limb prosthesis, vacuum								
		pump, residual limb volume								
4540	I 5701	management and moisture evacuation	X/ 10	MEG		NO			3.4	. 11. 1 1/1/00
1543	L5781	system	Y/ 12 months	YES		NO			M	added 1/1/09 added to fee
										schedule
										01/02/2007 rate
1544	L5782	Addt. To lower leg prosth. Vacuum	Y/12 months	YES		NO			\$3,211.21	set 08/01/2007
										PA removed eff
1545	L5785	Exoskeletal bk ultralt mater		NO		NO			\$492.30	8/1/10

	Α	В	С	D	Е	F	G	Н	I	J
1	MEDICAL	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedu	ıle 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	/3/10; rev 12/1	0; rev 1/1/1	1; REV 1/	1/13				
		tes new codes or changes for the most of								
		d for rentals as indicated on the fee scho								
	•	rance of a code on this fee schedule does		coverage.						
	•	ty limit is exceeded, a CMN & PA are re regulation, any item \$500 or over requi								
۳	by current	legillation, any item \$500 or over requi	CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
1546	L5790	Exoskeletal ak ultra-light m	Y/ 12 months	YES		NO			\$550.01	
1547	L5795	Exoskel hip ultra-light mate	Y/ 12 months	YES		NO			\$1,095.08	
4540	¥ #040			110		110			*272.42	PA removed eff
1548	L5810	Endoskel knee-shin mnl lock		NO		NO			\$372.42	8/1/10
1549	L5811	Endo knee-shin mnl lck ultra	Y/ 12 months	YES		NO			\$557.88	
										PA removed eff
1550	L5812	Endo knee-shin frct swg & st		NO		NO			\$432.41	8/1/10
1551	L5814	Endo knee-shin hydral swg ph	Y/ 12 months	YES		NO			\$2,872.88	
1552	L5816	Endo knee-shin polyc mch sta	Y/ 12 months	YES		NO			\$654.45	
1553	L5818	Endo knee-shin frct swg & st	Y/ 12 months	YES		NO			\$734.59	
1554	L5822	Endo knee-shin pneum swg frc	Y/ 12 months	YES		NO			\$1,302.61	
1555	L5824	Endo knee-shin fluid swing p	Y/ 12 months	YES		NO			\$1,173.08	

	А	В	С	D	Е	F	G	Н	I	J
1	MEDICAL	ID PROGRAM DME FEE SCHEDULE								
2										
3	Foo Schod	ule 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	/3/10. rov 12/1	Δ. rov 1/1/1	1. DEV 1/	1/13				
	ree Scheu	ule 7/1/10, 1ev 8/1/10, 1ev 10/5/10, 1ev 11	13/10, 16v 12/1	10, 16v 1/1/1	11, KEV 1/	1/13				
		ntes new codes or changes for the most o								
		ed for rentals as indicated on the fee scho								
6 7		rance of a code on this fee schedule does		coverage.						
		ity limit is exceeded, a CMN & PA are re t regulation, any item \$500 or over requi								
F .	by curren	i regulation, any item \$500 or over requi	CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental		Rental Price	Price	date updated
				1			1			
1556	L5826	Miniature knee joint	Y/ 12 months	YES		NO			\$2,415.72	
1557	L5828	Endo knee-shin fluid swg/sta	Y/ 12 months	YES		NO			\$2,160.14	
1558	L5830	Endo knee-shin pneum/swg pha	Y/ 12 months	YES		NO			\$1,451.50	
4550	* # 0.40		*****	* TEG					#2 502 02	
1559	L5840	Multi-axial knee/shin system	Y/ 12 months	YES		NO			\$2,683.82	
1560	L5845	Vnaa shin sya stanga flavion	Y/ 12 months	YES		NO			\$1,386.49	
1360	L3043	Knee-shin sys stance flexion	1/12 HOHUS	1 ES		NO			\$1,380.49	rate change
1561	L5848	Knee-shin system dampening feature	Y/ 12 months	YES		NO			\$818.60	08/01/2007
	L5850	Endo ak/hip knee extens assi	1, 12 months	NO		NO			\$97.86	
	L5855	Mech hip extension assist	Y/12 months	NO		NO			\$262.95	
	-	F				1			+=~=.70	
				PA YES						
		Addt. To lower ext. prosthesis, knee shin		Requires						
		sys.,microprocessor, incl. Sensor, any		Departme						
1564	L5856	type	Y/12 months	nt Review		NO			\$17,521.83	

	А	В	С	D	E	F	G	Н	I	J
1	MEDICAI	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedu	ule 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	/3/10; rev 12/	10; rev 1/1/1	1; REV 1/	1/13				
4	Red indica	tes new codes or changes for the most of								
5	PA require	ed for rentals as indicated on the fee scho	edule.							
6	The appear	rance of a code on this fee schedule does	not guarantee	coverage.						
7	If a quanti	ty limit is exceeded, a CMN & PA are re	quired.							
8	By current	regulation, any item \$500 or over requi								
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
				DAVEC						
		Add Tolomoret mostly oning shoot		PA YES						
		Addt. To lower ext. prosth., swing phase only knee shin sys.,micro, incl. Sensor,		Requires						
1565	L5857		Y/12 months	Departme nt Review		NO			\$6,217.38	
1303	LJ6J/	any type KNEE-SHIN PRO, POWERED AND	1/12 IIIOIIIIS	III Keview		NO			\$0,217.38	
		PROGRAMMABLE		PA YES						
		FLEXION/EXTENSION ASSIST		Requires						
		CONTROL, INCLUDES ANY TYPE	Y/12	Departme						CMS ADDED
1566	L5859	MOTOR(S)	MONTHS	nt Review		NO			M	1/1/13
				PA YES						
				Requires						
		Addt. To lower ext. prosth, knee shin		Departme						
1567	L5858	sys.,micro, incl. Sens, stance phase	Y/12 months	nt Review		NO			\$13,565.30	
		Addt. Endoskeleton, below knee,								
1568	L5910	alignable system		NO		NO			\$277.04	
										PA removed eff
1569	L5920	Endo ak/hip alignable system		NO		NO			\$405.87	
1,550				1					\$2.45 = 2	PA removed eff
1570	L5925	Above knee manual lock		NO		NO			\$342.70	8/1/10

	А	В	С	D	Е	F	G	Н	I	J
1	MEDICAL	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedu	ıle 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	/3/10; rev 12/1	0; rev 1/1/1	1; REV 1/	1/13				
		, , , , , , , , , , , , , , , , , , , ,								
4	Red indica	tes new codes or changes for the most of								
		ed for rentals as indicated on the fee scho								
6		rance of a code on this fee schedule does		coverage.						
7	•	ty limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requi	res a PA.							
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
1571	L5930	High activity knee frame	Y/ 12 months	YES		NO			\$2,603.69	
										PA removed eff
1572	L5940	Endo bk ultra-light material		NO		NO			\$383.70	8/1/10
1573	L5950	Endo ak ultra-light material	Y/ 12 months	YES		NO			\$599.95	
1574	L5960	Endo hip ultra-light materia	Y/ 12 months	YES		NO			\$737.43	
		T							,	PA removed eff
1575	L5962	Below knee flex cover system		NO		NO			\$485.31	8/1/10
										code active
		addt. Endoskeleton above knee, flexible								8/1/07 rate set
1576	L5964	protective outer surface	Y/ 12 months	YES		NO			\$643.61	1/15/08
1577	L5966	Hip flexible cover system	Y/ 12 months	YES		NO			\$912.85	
1377	12700	Imp nexible cover system	1/ 12 monuis	1123		110			ψ912.63	
1578	L5968	Multiaxial ankle w dorsiflex	Y/ 12 months	YES		NO			\$2,811.03	
1579	L5970	Foot external keel sach foot		NO		NO			\$155.35	
		All lower extremity prosthesis, SACH								code added 6/09
	L5971	foot, replacement only		NO		NO			'	eff. Date 1/1/09
1581	L5972	Flexible keel foot		NO		NO			\$290.18	

	Α	В	С	D	Е	F	G	Н	I	J
	MEDICAII	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedu	de 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	/3/10; rev 12/1	0; rev 1/1/1	1; REV 1/	1/13				
4	Red indicat	tes new codes or changes for the most of								
		d for rentals as indicated on the fee sch								
		ance of a code on this fee schedule does		coverage.						
		y limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requi								
			CMN	Purchase			Dantal			
			expiration date for	Purchase PA &			Rental PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental		Rental Price	Price	date updated
	1101 05	Endoskeletal ankle foot system,		required	Zimes	Henrai	required	Troncar Trice	11100	CMS added
1582	L5973	microprocessor, incl. power source	Y/12 months	YES		NO			M	1/1/10
1583	L5974	Foot single axis ankle/foot		NO		NO			\$178.25	
										PA removed eff
1584	L5975	Combo ankle/foot prosthesis		NO		NO			\$358.62	8/1/10
	L5976	Energy storing foot	Y/ 12 months	YES		NO			\$428.39	
1586	L5978	Ft prosth multiaxial ankl/ft		NO		NO			\$223.23	
1587	L5979	Multi-axial ankle/ft prosth	Y/ 12 months	YES		NO			\$1,745.41	
1588	L5980	Flex foot system	Y/ 12 months	YES		NO			\$2,836.17	
1589	L5981	Flex-walk sys low ext prosth	Y/ 12 months	YES		NO			\$2,291.24	
										PA removed eff
1590	L5982	Exoskeletal axial rotation		NO		NO			\$442.22	
	* * 00.	Endoskeletal axial rotation, w/wo								PA removed eff
	L5984	adjustability		NO		NO			\$435.77	
1592	L5985	Lwr ext dynamic prosth pylon		NO		NO			\$218.43	PA removed eff
1593	L5986	Multi-axial rotation unit		NO		NO			\$484.73	

	Α	В	С	D	Е	F	G	Н	I	J
	MEDICAL	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedu	ıle 7/1/10; rev 8/1/10; rev 10/5/10; rev 1	1/3/10; rev 12/1	0; rev 1/1/1	1; REV 1/	1/13				
		tes new codes or changes for the most								
		ed for rentals as indicated on the fee sch								
		rance of a code on this fee schedule does ty limit is exceeded, a CMN & PA are ro		coverage.						
		regulation, any item \$500 or over requi								
Ť	Dy carrent	regulation, any reem \$200 or over requi	CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
	Habaa	D	purchase or	CMN	T • • •	D (1	CMN	D	Purchase	, , ,
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
1594	L5987	Shank ft w vert load pylon	Y/ 12 months	YES		NO			\$5,564.74	
1595	L5988	Vertical shock reducing pylo	Y/ 12 months	YES		NO			\$1,545.31	
										07/02/2007 code
										added rate set
1596	L5990	addt. To lower ext. user adj. ht	Y/12 months	YES		NO			\$1,381.13	08/01/2007
1507	L5999	Lower extremity prosthesis, NOC	Y/12 months	YES		NO			M	eff DOS 7/1/10 and after
1391	LJJJJ	Lower extremity prostnesss, NOC	1/12 months	TES		NO			1V1	and after
1598	L6000	Par hand robin-aids thum rem	Y/ 12 months	YES		NO			\$1,016.37	
1599	L6010	Hand robin-aids little/ring	Y/ 12 months	YES		NO			\$1,131.05	
									. ,	
1600	L6020	Part hand robin-aids no fing	Y/ 12 months	YES		NO			\$1,054.53	
1601	L6050	Wrst MLd sck flx hng tri pad	Y/ 12 months	YES		NO			\$1,453.10	
1602	L6055	Wrst mold sock w/exp interfa	Y/ 12 months	YES		NO			\$2,025.24	
1603	L6100	Elb mold sock flex hinge pad	Y/ 12 months	YES		NO			\$1,472.21	

	Α	В	С	D	Е	F	G	Н	I	J
1	MEDICAI	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedu	ule 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	/3/10; rev 12/1	0; rev 1/1/1	1; REV 1/	1/13				
		tes new codes or changes for the most of								
		ed for rentals as indicated on the fee schorance of a code on this fee schedule does								
	•	ty limit is exceeded, a CMN & PA are re		coverage.						
	•	regulation, any item \$500 or over requi								
۴	25 0011011		CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
1604	L6110	Elbow mold sock suspension t	Y/ 12 months	YES		NO			\$1,561.53	
1605	L6120	Elbow mold doub splt soc ste	Y/ 12 months	YES		NO			\$1,819.73	
1606	L6130	Elbow stump activated lock h	Y/ 12 months	YES		NO			\$1,980.21	
1607	L6200	Elbow mold outsid lock hinge	Y/ 12 months	YES		NO			\$2,086.82	
1608	L6205	Elbow molded w/ expand inter	Y/ 12 months	YES		NO			\$2,785.58	
1609	L6250	Elbow inter loc elbow forarm	Y/ 12 months	YES		NO			\$2,186.51	
1610	L6300	Shlder disart int lock elbow	Y/ 12 months	YES		NO			\$2,849.88	
1611	L6310	Shoulder passive restor comp	Y/ 12 months	YES		NO			\$2,460.73	
1612	L6320	Shoulder passive restor cap	Y/ 12 months	YES		NO			\$1,344.26	
1613	L6350	Thoracic intern lock elbow	Y/ 12 months	YES		NO			\$2,996.21	

	Α	В	С	D	Е	F	G	Н	I	J
1	MEDICAL	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedu	ıle 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	/3/10; rev 12/1	0; rev 1/1/1	1; REV 1/	1/13				
		tes new codes or changes for the most of								
		ed for rentals as indicated on the fee scho								
	•	rance of a code on this fee schedule does ty limit is exceeded, a CMN & PA are re		coverage.						
	•	regulation, any item \$500 or over requi								
٣	Dy current	regulation, any item \$200 or over requi	CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
1614	L6360	Thoracic passive restor comp	Y/ 12 months	YES		NO			\$2,694.62	
1615	L6370	Thoracic passive restor cap	Y/ 12 months	YES		NO			\$1,612.38	
1616	L6380	Postop dsg cast chg wrst/elb	Y/ 12 months	YES		NO			\$934.33	
1617	L6382	Postop dsg cast chg elb dis/	Y/ 12 months	YES		NO			\$1,405.68	
1618	L6384	Postop dsg cast chg shlder/t	Y/ 12 months	YES		NO			\$1,944.59	
1619	L6386	Postop ea cast chg & realign		NO		NO			\$307.19	
1620	L6388	Postop applicat rigid dsg on		NO		NO			\$336.28	PA removed eff 8/1/10
1621	L6400	Below elbow prosth tiss shap	Y/ 12 months	YES		NO			\$1,774.96	
1622	L6450	Elb disart prosth tiss shap	Y/ 12 months	YES		NO			\$2,371.31	
1623	L6500	Above elbow prosth tiss shap	Y/ 12 months	YES		NO			\$2,480.88	

	Α	В	С	D	Е	F	G	Н	I	J
1	MEDICAI	D PROGRAM DME FEE SCHEDULE								
2										
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4	Red indica	tes new codes or changes for the most o								
		ed for rentals as indicated on the fee scho								
6		rance of a code on this fee schedule does		coverage.						
7	•	ty limit is exceeded, a CMN & PA are re								
8		regulation, any item \$500 or over requi								
	•		CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
1624	L6550	Shldr disar prosth tiss shap	Y/ 12 months	YES		NO			\$2,982.06	
1625	L6570	Scap thorac prosth tiss shap	Y/ 12 months	YES		NO			\$3,348.04	
1626	L6580	Wrist/elbow bowden cable mol	Y/ 12 months	YES		NO			\$1,278.22	
1627	L6582	Wrist/elbow bowden cbl dir f	Y/ 12 months	YES		NO			\$1,157.71	
1628	L6584	Elbow fair lead cable molded	Y/ 12 months	YES		NO			\$1,815.60	
1629	L6586	Elbow fair lead cable dir fo	Y/ 12 months	YES		NO			\$1,699.10	
1630	L6588	Shdr fair lead cable molded	Y/ 12 months	YES		NO			\$2,232.58	
	L6590	Shdr fair lead cable direct	Y/ 12 months	YES		NO			\$2,120.63	
	L6600	Polycentric hinge pair		NO		NO			\$143.48	
	L6605	Single pivot hinge pair		NO		NO			\$141.67	
1634	L6610	Flexible metal hinge pair		NO		NO			\$136.06	

	A	В	С	D	Е	F	G	Н		J
1	MEDICAL	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedu	de 7/1/10; rev 8/1/10; rev 10/5/10; rev 1	1/3/10; rev 12/1	0; rev 1/1/1	1; REV 1/	1/13				
4	Red indicat	tes new codes or changes for the most of	2							
5	PA require	d for rentals as indicated on the fee sch	edule.							
6	The appear	cance of a code on this fee schedule does	not guarantee	coverage.						
7		y limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requi								
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated 01/02/2007 code
										added; rate set
										08/01/2007;
										former rate
										131.43; change
										eff. 1/15/08; PA
		Addt. To upper ext. prosthesis, ext. pwr								removed eff
1635	L6611	switch addt.				NO			\$286.13	
	L6615	Disconnect locking wrist uni		NO		NO			\$146.60	
1637	L6616	Disconnect insert locking wr		NO		NO			\$54.32	
1638	L6620	Flexion-friction wrist unit		NO		NO			\$234.55	
1639	L6623	Spring-asst. rot wrst w/ latch	Y/ 12 months	YES		NO			\$654.24	
										01/02/2007 code
4040	T 662 t	T	X7/10	T.TEG		N. C			ΦΦ 0 - = 0 -	added rate set
1640	L6624	Upper ext. addt. Flex. Ext rotation wrist	Y/12 months	YES		NO			\$2,867.06	08/01/2007
1644	1.6625	Detetion word or/ calls last		NO		NO			¢464.96	PA removed eff
1041	L6625	Rotation wrst w/ cable lock		NO		NO			\$464.86	PA removed eff
16/12	L6628	Quick disconn hook adapter o		NO		NO			\$366.44	
	L6629	Lamination collar w/ couplin	+	NO		NO			\$300.44 \$111.91	0/ 1/ 10
1043	L0029	Lammation conar w/ couplin		NU		NU			\$111.91	

	Α	В	С	D	Е	F	G	Н	I	J
1	MEDICAI	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedu	ale 7/1/10; rev 8/1/10; rev 10/5/10; rev 1	1/3/10; rev 12/1	10; rev 1/1/1	11; REV 1/	1/13				
4	Red indica	tes new codes or changes for the most	c							
		ed for rentals as indicated on the fee sch								
6	The appear	rance of a code on this fee schedule does	s not guarantee	coverage.						
		ty limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requ								
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
	L6630	Stainless steel any wrist		NO		NO			\$164.86	
	L6632	Latex suspension sleeve each		NO		NO			\$57.26	
1646	L6635	Lift assist for elbow		NO		NO			\$134.73	PA removed
1647	L6637	Nudge control elbow lock		NO		NO			\$287.38	
1047	L0037	upper ext addt. To prosth. Electric		NO		NO			\$207.30	01/02/2007 code
		locking only for use with manually								added rate set
1648	L6638	powered elbow	Y/12 months	YES		NO			\$1 903 77	08/01/2007
10.0	20030	powered elsow	1712 Months	125		1,0			Ψ1,>03.77	PA removed
1649	L6640	Shoulder abduction joint pai		NO		NO			\$255.30	12/09
	L6641	Excursion amplifier pulley t		NO		NO			\$122.71	
										PA removed
1651	L6642	Excursion amplifier lever ty		NO		NO			\$166.33	12/09
										PA removed eff
1652	L6645	Shoulder flexion-abduction joint, each		NO		NO			\$307.03	
										PA removed eff
	L6650	Shoulder universal joint, each		NO		NO			\$318.77	
	L6655	Standard control cable extra		NO		NO			\$62.66	
	L6660	Heavy duty control cable		NO		NO			\$70.21	
	L6665	Teflon or equal cable lining		NO		NO			\$35.23	
1657	L6670	Hook to hand cable adapter		NO		NO			\$38.95	

	Α	В	С	D	Е	F	G	Н	I	J
1	MEDICAI	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedu	de 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	1/3/10; rev 12/1	0; rev 1/1/1	11; REV 1/	1/13				
4	Red indica	tes new codes or changes for the most of	c							
		ed for rentals as indicated on the fee sch								
6	The appear	rance of a code on this fee schedule does	not guarantee	coverage.						
		ty limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requi								
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
	TT CT CC	D	purchase or	CMN	- • .		CMN		Purchase	
	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
	L6672	Harness chest/shlder saddle		NO		NO			\$154.58	
	L6675 L6676	Harness figure of 8 sing con		NO NO		NO NO			\$91.86	
	L6680	Harness figure of 8 dual con Test sock wrist disart/bel e		NO NO		NO			\$106.19 \$177.47	
	L6682	Test sock whist disarr/bei e Test sock elbw disarr/above		NO		NO			\$177.47	
	L6684	Test socke shldr disart/tho		NO		NO			\$190.22	
1003	L0004	Test socket sindi disarvino		NO		NO			\$200.03	
1664	L6686	Suction socket	Y/ 12 months	YES		NO			\$602.12	
										PA removed eff
1665	L6687	Frame typ socket bel ow elbow or wrist		NO		NO			\$441.23	
		Frame typ sock above elbow or elbow								PA removed eff
1666	L6688	disarticulation		NO		NO			\$438.57	8/1/10
1667	L6689	Frame typ socket shoulder di	Y/ 12 months	YES		NO			\$525.45	
		J1	- 10222						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
1668	L6690	Frame typ sock interscap-tho	Y/ 12 months	YES		NO			\$572.59	
1669	L6691	Removable insert each		NO		NO			\$265.03	
4070	V 6600	a		NO		NO			φ. 405.5 0	PA removed eff
16/0	L6692	Silicone gel insert or equal		NO		NO			\$427.78	8/1/10
1671	L6693	Locking elbow forearm cntrbal	Y/ 12 months	YES		NO			\$2,196.10	

	А	В	С	D	Е	F	G	Н	I	J
1	MEDICAI	D PROGRAM DME FEE SCHEDULE								
2										
3	Foo Schod	ule 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	/3/10. rov 12/1	0. roy 1/1/1	1. DEV 1/	1/13				
	ree Scheut	me 7/1/10, 1ev 8/1/10, 1ev 10/5/10, 1ev 11		10, 1ev 1/1/1	11, KEV 1/	1/13				
		tes new codes or changes for the most of								
5 6		ed for rentals as indicated on the fee schorance of a code on this fee schedule does		0021020						
7		ty limit is exceeded, a CMN & PA are re		coverage.						
		ty mint is exceeded, a CMN & FA are re t regulation, any item \$500 or over requi								
۳	by current	regulation, any item \$500 or over requi	CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
		Add. To upper ext. pros., for use with		-						rate change
1672	L6694	locking mechanism	Y/ 12 months	YES		NO			\$513.22	01/02/2007
		Add. To upper ext. pros., not for use								rate change
1673	L6695	with locking mechanism, custom	Y/ 12 months	YES		NO			\$427.67	01/02/2007
		Add. To upper ext. pros., congenital or							******	rate change
16/4	L6696	atypical traumatic amputees, initial only	Y/ 12 months	YES		NO			\$960.11	01/02/2007
		Add. To upper ext. pros., other than								roto change
1675	L6697	congenital or traumatic amputees, initial only	Y/ 12 months	YES		NO				rate change 01/02/2007
10/3	L007/	Add. To upper ext. pros., lock	1/12 1110111118	IES		NO			\$900.11	PA removed eff
1676	L6698	mechanism, excludes socket insert		NO		NO			\$415.03	
13,5	20070	monanism, excludes socket libert		110		110			ψ113.03	01/02/2007 rate
										set 08/01/2007;
		term. Device, passive hand mitt, any								PA removed
1677	L6703	material, any size		NO		NO			\$273.68	
		term. Device, sport/rec/work, any								PA removed eff
1678	L6704	material, any size		NO		NO			\$448.97	8/1/10

	А	В	С	D	Е	F	G	Н	I	J
1	MEDICAL	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedu	de 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	/3/10; rev 12/1	0; rev 1/1/1	1; REV 1/	1/13				
		, , , , , , , , , , , , , , , , , , , ,								
4	Red indica	tes new codes or changes for the most of								
5	PA require	d for rentals as indicated on the fee scho	edule.							
6	The appear	rance of a code on this fee schedule does	not guarantee	coverage.						
7	If a quantit	ty limit is exceeded, a CMN & PA are re	quired.							
8	By current	regulation, any item \$500 or over requi								
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
										01/02/2007 rate
										set 08/01/2007;
		term dev hook, mech vol opening, any								PA removed
1679	L6706	material, any size		NO		NO			\$262.67	
		term dev hook, mech vol closing, any								01/02/2007 rate
1680	L6707	material, any size, lined or unlined	Y/12 months	YES		NO				set 08/01/2007
		term dev, hand, mech vol opening, any								01/02/2007 rate
1681	L6708	material, any size	Y/12 months	YES		NO				set 08/01/2007
1,000	T 6700	term dev hand, mech vol. closing, any	X7/10 .1	T/TEG		NO				01/02/2007 rate
1682	L6709	material, any size Terminal device, hook, mechanical, vol.	Y/12 months	YES		NO			\$912.05	set 08/01/2007
										DA 4 .ff
1602	L6711	opening, any material, any size, lined or unlined, Pediatric, each		NO		NO			\$467.00	PA removed eff
1003	L0/11	Terminal device, hook,mechanical vol.		NU		NU			\$467.23	0/ 1/ 1U
		closing, any material, any size, lined or								CMS addition
1684	L6712	unlined, Pediatric, each	Y/12 months	YES		NO			\$860.28	
1004	L0/12	Terminal device, hand, mechanical, vol.	1/12 monus	1123		NO			φουυ.2ο	1-1-07
		opening, any material, any size, lined or								CMS addition
1685	L6713	unlined, Pediatric, each	Y/12 months	YES		NO			\$1,085.74	
COOI	L0/13	ummed, Pediatric, each	1/12 months	1 ES		NU			\$1,085.74	1-1-09

	A	В	С	D	Е	F	G	Н	I	J
1	MEDICAI	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedi	ıle 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	/3/10: rev 12/1	10: rev 1/1/1	1: REV 1/	1/13				
٣	r ce seneae	10 771 10, 10 7 071 10, 10 7 10, 07 10, 10 7 11			1,112 (1/	1,10				
4	Red indice	tes new codes or changes for the most of								
		ed for rentals as indicated on the fee scho								
6	_	rance of a code on this fee schedule does		coverage.						
7		ty limit is exceeded, a CMN & PA are re								
		regulation, any item \$500 or over requi								
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
		Terminal device, mechanical, vol.								CMC - 11'd'
1606	L6714	closing, any material, any size, Pediatric,	Y/12 months	YES		NO			\$010.62	CMS addition
1000	L0/14	each	1/12 monus	YES		NO			\$919.62	1-1-09
		terminal device, hook or hand, hvy, dty.,								CMC - 11'd'
1607	L6721	mechanical, vol.opening, any material, any size, lined or unlined, each	Y/12 months	YES		NO			\$1,634.55	CMS addition
1007	L0/21	any size, fined or uniffied, each	1/12 monus	1 ES		INO			\$1,034.33	1-1-09
		Terminal device, hook or hand, heavy								
		duty, mechanical, vol. closing, any								CMS addition
1688	L6722	material, any size, lined or unlined, each	Y/12 months	YES		NO			\$1,409.09	
1	1					1				01/02/2007 code
										added; rate
										change
										08/01/2007;
		Modifier wrist flexion unit addt to								former rate
1689	L6805	terminal device		NO		NO			\$233.82	\$145.18; change

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1	MEDICAL	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedu	de 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	/3/10; rev 12/1	0; rev 1/1/1	1; REV 1/	1/13				
4	Red indica	tes new codes or changes for the most of								
5	PA require	d for rentals as indicated on the fee sch	edule.							
6		cance of a code on this fee schedule does		coverage.						
		ty limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requi								
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&		D 1	
	HCPCS	Description	purchase or	CMN	T :!4	Dontol	CMN	Dantal Drias	Purchase Price	J. 4 J. 4. J
9	HCPCS	Description Addt to terminal device, precision pinch	rental	required	Limits	Rental	required	Rental Price	Price	rate change
1690	L6810	device		NO		NO			\$147.53	01/02/2007
1000	L0010	device		110		110			φ1+7.55	01/02/2007 code
		Automatic grasp, addt. To upper limb								added rate set
1691	L6881	elect. Prosth. Terminal device	Y/12 months	YES		NO			\$3,112.30	08/01/2007
									•	02/01/2007 code
		Microprocessor control feature, addt. To								added rate set
	L6882	upper limb prosth. Terminal device	Y/12 months	YES		NO			\$2,360.84	8/1/2007
1693	L6890	Production glove		NO		NO			\$130.10	
1694	L6895	Custom glove	Y/ 12 months	YES		NO			\$478.63	
1605	L6900	Hand next not through /1 fines a	W/ 12 m andha	YES		NO			¢1 265 97	
1695	L6900	Hand restorat thumb/1 finger	Y/ 12 months	YES		NO			\$1,365.87	
1696	L6905	Hand restoration multiple fi	Y/ 12 months	YES		NO			\$1,358.12	
									• •	
1697	L6910	Hand restoration no fingers	Y/ 12 months	YES		NO			\$1,161.34	
1698	L6915	Hand restoration replacmnt g	Y/ 12 months	YES		NO			\$585.52	
1699	L6920	Wrist disarticul switch ctrl	Y/ 12 months	YES		NO			\$5,105.00	

	Α	В	С	D	Е	F	G	Н	I	J
1	MEDICAL	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedu	de 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	/3/10; rev 12/1	0; rev 1/1/1	1; REV 1/	1/13				
		tes new codes or changes for the most of								
		d for rentals as indicated on the fee scho								
	•	rance of a code on this fee schedule does ty limit is exceeded, a CMN & PA are re		coverage.						
	•	regulation, any item \$500 or over requi								
٣	by current	legilation, any item \$500 or over requi	CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
1700	L6925	Wrist disart myoelectronic c	Y/ 12 months	YES		NO			\$6,872.21	
1701	L6930	Below elbow switch control	Y/ 12 months	YES		NO			\$5,136.66	
1702	L6935	Below elbow myoelectronic ct	Y/ 12 months	YES		NO			\$6,978.86	
1703	L6940	Elbow disarticulation switch	Y/ 12 months	YES		NO			\$6,711.38	
1704	L6945	Elbow disart myoelectronic c	Y/ 12 months	YES		NO			\$8,200.51	
1705	L6950	Above elbow switch control	Y/ 12 months	YES		NO			\$7,628.42	
1706	L6955	Above elbow myoelectronic ct	Y/ 12 months	YES		NO			\$9,136.08	
1707	L6960	Shldr disartic switch contro	Y/ 12 months	YES		NO			\$10,246.43	
1708	L6965	Shldr disartic myoelectronic	Y/ 12 months	YES		NO			\$10,928.19	
1709	L6970	Interscapular-thor switch ct	Y/ 12 months	YES		NO			\$11,387.37	

	А	В	С	D	Е	F	G	Н	I	J
1	MEDICAL	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedu	de 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	/3/10; rev 12/1	l0; rev 1/1/1	1; REV 1/	1/13				
		tes new codes or changes for the most of								
5	•	d for rentals as indicated on the fee scho								
6	•	rance of a code on this fee schedule does		coverage.						
7		ty limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requi								
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
1710	L6975	Interscap-thor myoelectronic	Y/ 12 months	YES		NO			\$12,454.12	
17.10	L0713	merseup mor myoereeu ome	17 12 months	TES		110			Ψ12,131.12	01/02/2007 code
										added rate set
1711	L7007	elect. Hand, myoelectric or switch, adult	Y/12 months	YES		NO				08/01/2007
										01/02/2007 code
										added rate set
1712	L7008	elect. Hand, myoelectric or switch, ped	Y/12 months	YES		NO			\$4,077.12	08/01/2007
										01/02/2007 code
										added rate set
1713	L7009	elect hook, switch or myoelect, adult	Y/12 months	YES		NO			\$2,643.09	08/01/2007
										rate change
1714	L7040	Prehensile actuator switch controlled	Y/ 12 months	YES		NO			\$2,156.50	01/02/2007
l		Electric hook, switch or myoelectric								
1715	L7045	controlled, pediatric	Y/ 12 months	YES		NO			\$1,236.40	
1716	L7170	Electronic elbow hosmer swit	Y/ 12 months	YES		NO			\$5,692.81	
1717	L7180	Electronic elbow utah myoele	Y/ 12 months	YES		NO			\$24,740.96	

	А	В	С	D	Е	F	G	Н	I	J
1	MEDICAL	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedu	de 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	/3/10; rev 12/1	0; rev 1/1/1	1; REV 1/	1/13				
		tes new codes or changes for the most of								
		d for rentals as indicated on the fee sche								
	•	rance of a code on this fee schedule does		coverage.						
		ty limit is exceeded, a CMN & PA are re								
8	ву current	regulation, any item \$500 or over requi	res a PA. CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental		Rental Price	Price	date updated
		•		Requires			-			•
				DMS						
		electronic elbow, sim. Control of elbow		review						rate change
1718	L7181	and terminal device	Y/12 months	YES		NO			\$29,245.58	01/02/2007
		electronic elbow, sim. Variety Village or								
1719	L7185	equal switch control	Y/ 12 months	YES		NO			\$5,621.74	
1720	L7186	Electron elbow child switch	Y/ 12 months	YES		NO			\$6,766.31	
1721	L7190	Elbow adolescent myoelectron	Y/ 12 months	YES		NO			\$5,904.74	
1722	L7191	Elbow child myoelectronic ct	Y/ 12 months	YES		NO			\$7,070.40	
1722	L7260	Electron wrist rotator otto	Y/ 12 months	YES		NO			\$1,505.42	
1123	L/200	Election witst lotator otto	1/ 12 monus	1EO		NO			\$1,505.42	
1724	L7261	Electron wrist rotator utah	Y/ 12 months	YES		NO			\$2,740.44	
1725	L7266	Servo control steeper or equ	Y/ 12 months	YES		NO			\$1,009.80	
1726	L7272	Analogue control unb or equa	Y/ 12 months	YES		NO			\$1,748.68	

	А	В	С	D	Е	F	G	Н	I	J
1	MEDICAL	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedu	de 7/1/10; rev 8/1/10; rev 10/5/10; rev 1	1/3/10; rev 12/1	10; rev 1/1/	11; REV 1/1	1/13				
		tes new codes or changes for the most								
		d for rentals as indicated on the fee sch								
6	•	cance of a code on this fee schedule does		coverage.						
		y limit is exceeded, a CMN & PA are r								
8	By current	regulation, any item \$500 or over requ								
			CMN	D 1			D 4 1			
			expiration date for	Purchase PA &			Rental PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental		Rental Price	Price	date updated
F	HCI CS	Description	Tentai	requireu	Lillits	Kentai	requireu	Kentai i i ice	TILLE	uate upuateu
1727	L7274	Proportional ctl 12 volt uta	Y/ 12 months	YES		NO			\$4,393.50	
										CMS description
1728	L7360	Six volt battery, each		NO		NO			\$182.53	change 1/08
										CD 4G 1
4700	1.70.60	D 1		NO		NO			Φ101 65	CMS description
1729	L7362	Battery charger, six volt, each		NO		NO			\$191.65	change 1/08 PA removed eff
1730	L7364	Twelve volt battery, each		NO	2 per year	NO			\$304.81	
1730	L/304	I werve voit battery, each		NO	1 per 4	NO			ψ504.61	PA removed eff
1731	L7366	Battery charger 12 volt each		NO	years	NO			\$410.59	
170.	L1300	Duttery charger 12 voit cach		110	years	110				01/02/2007 code
										added rate set
										08/01/2007; PA
1732	L7367	lithium ion battery replacement		NO		NO			\$296.38	removed 12/09
					1 per 4					PA removed eff
1733	L7368	Lithium battery charger		NO	years	NO			\$368.37	8/1/10
		Addt. To upper ext. prosth. Ultralight								rate set
1734	L7400	material		NO		NO			\$223.71	01/02/2007

	А	В	С	D	Е	F	G	Н	I	J
1	MEDICAI	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedi	ıle 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	1/3/10· rev 12/1	10· rev 1/1/1	1. REV 1/	1/13				
۳	rec belieut	inc 7/1/10, 104 0/1/10, 104 10/5/10, 104 11	1/3/10, 10 12/1		.1, KL / 1/					
4	Pad indica	tes new codes or changes for the most o								
		ed for rentals as indicated on the fee scho								
6	•	rance of a code on this fee schedule does		coverage.						
		ty limit is exceeded, a CMN & PA are re		l						
		regulation, any item \$500 or over requi								
	•		CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
										02/01/2007 code
										added rate set
		Addt. To upper ext. prosthesis above								8/1/2007; PA
1735	L7401	elbow disart. Ultralight material		NO		NO			\$261.21	removed 12/09
		Addt. To upper ext. prosth. acrylic								rate set
1736	L7403	material		NO		NO			\$268.11	01/02/2007
		addt. To upper ext prosth. Above elbow								PA removed eff
1737	L7404	disart. Acrylic		NO		NO			\$423.12	8/1/10
1738	L7499	Upper extremity prosthesis NOS	Y/ 12 months	YES		NO			M	
100	21177	oppor extremity prosuiosis 1100	Y/12 months	120		110			171	PA restriction
			if PA	YES>\$50						raised to \$500 eff
1739	L7500	Prosthetic dvc repair hourly	required	0		NO			\$58.00	· ·
			1						,	
										reimbursement
										changed from
										\$32.03 to Manual
1740	L7510	Repair of prosthetic device, minor parts	Y/12 months	PA		NO			M	eff. DOS 6-1-09

	А	В	С	D	Е	F	G	Н	I	J
1	MEDICAI	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedu	ule 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	/3/10; rev 12/1	0; rev 1/1/	11; REV 1/2	1/13				
4	Red indica	tes new codes or changes for the most of								
		ed for rentals as indicated on the fee sch								
6	The appear	rance of a code on this fee schedule does	not guarantee	coverage.						
7		ty limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requi								
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
	TTODGG	D 1.1	purchase or	CMN	T.	D (1	CMN	D	Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
										indicate labor
										component; PA
			Y/ 12 months							restriction raised
		Repair prosthetic device, labor	if PA	YES >						to \$500 eff
1741	L7520	component, per 15 min	required	\$500		NO			\$10.00	· ·
		, and the second second		7000					+	, , , , ,
1742	L7600	Prosthetic donning sleeve, any material	Y/12 months	YES		NO			M	2/1/2007
1743	L7900	Vacuum erection system	Y/ 12 months	YES		NO			\$418.65	
17.10	L1700	v deddiii erection system	Y/ 12 months	TES		110			ψ110.03	
			if PA							
1744	L8000	Mastectomy bra	required	YES>5	5 per year	NO			\$33.65	
		Breast prosthesis, masectomy bra with	Y/ 12 months							
		integrated breast prothesis form,	if PA							rate set
1745	L8001	unilateral	required	YES>5	5 per year	NO			\$91.55	01/02/2007
			Y/ 12 months							
		Breast prosthesis, masectomy bra with	if PA							rate change
	L8002	integrated breast prothesis form, bilateral	required	YES>5	5 per year	NO				01/02/2007
	L8010	Mastectomy sleeve		NO		NO			\$47.84	
1748	L8015	Ext breast prosthesis garment		NO		NO			\$46.36	

	А	В	С	D	Е	F	G	Н	I	J
1	MEDICAI	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedi	ule 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	/3/10; rev 12/1	0; rev 1/1/	11; REV 1/2	1/13				
		tes new codes or changes for the most of								
		ed for rentals as indicated on the fee scho								
6	•	rance of a code on this fee schedule does		coverage.						
7 8		ty limit is exceeded, a CMN & PA are re regulation, any item \$500 or over requi								
<u> </u>	By current	regulation, any item \$500 or over requi	CMN							
9	HCPCS	Description	expiration date for purchase or rental	Purchase PA & CMN required	Limits	Rental	Rental PA& CMN required	Rental Price	Purchase Price	date updated
				1			1			rate change
			Y/12 months							01/02/2007; qt
			if PA							corrected to >2
1749	L8020	Mastectomy form	required	YES >2	2 per year	NO			\$174.40	2/1/08
			Y/12 months							rate change 01/02/2007; qt
4750	1 0020	Day and a great leading of the control of	if PA	MEG. 2	2	NO			¢252.26	corrected to >2
1750	L8030	Breast prosthesis silicone/e	required	YES>2	2 per year	NO			\$252.26	2/1/08
1751	L8031	Breast prosthesis, silicone or equal, with intergral adhesive, each	Y/12 months	YES					M	CMS added 1/1/10
1752	L8035	Custom breast prosthesis	Y/ 12 months	YES		NO			\$2,834.00	
1753	L8039	Breast prosthesis, NOS	Y/ 12 months	YES		NO			M	
1754	L8040	Nasal prothesis, provided by a non- physician	Y/12 months	YES		NO			\$491.73	
1755	L8041	Midfacial prothesis, provided by a non- physician Orbital prothesis, provided by a non-	Y/ 12 months	YES		NO			\$592.68	
1756	L8042	physician	Y/ 12 months	YES		NO			\$665.93	

	А	В	С	D	Е	F	G	Н	I	J
1	MEDICAL	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedu	ıle 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	/3/10; rev 12/1	0; rev 1/1/1	1; REV 1/	1/13				
4	Red indica	tes new codes or changes for the most o								
		d for rentals as indicated on the fee sch								
6	The appear	rance of a code on this fee schedule does	not guarantee	coverage.						
		ty limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requi	res a PA.							
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
1		Upper facial prosthesis, provided by a								
1757	L8043	non-physician	Y/ 12 months	YES		NO			\$745.84	
1,750	* 00 4 4	Hemi-facial prosthesis, provided by a	****	******					фо ол п с	
1/58	L8044	non-physician	Y/ 12 months	YES		NO			\$825.76	
1,750	T 00 45	Prosthetic External Ear provided by a	X7/10 .1	T/TEG		NO			Φ7.42.15	07/02/2007 rate
1759	L8045	non-physician Partial facial prosthesis, provided by a	Y/12 months	YES		NO			\$/42.15	corrected
1760	L8046	non-physician	Y/ 12 months	YES		NO			\$532.74	
1760	L8040	Nasal septal prosthesis, provided by a	1/12 monus	1 ES		NO			\$332.74	
1761	L8047	non-physician	Y/ 12 months	YES		NO			\$273.03	
1701	L00+7	Unspecified Maxillofacial Prosthesis, by	1/ 12 months	TES		110			Ψ213.03	
1762	L8048	a non-physician	Y/12 months	YES		NO			\$20.92	
<u> </u>		page page and a page and a page a	Y/12 months						7-212	PA restriction
		Repair or modification of maxillofacial	if PA	YES>\$50						raised to \$500 eff
1763	L8049	prosthesis, by a non-physician	required	0		NO			\$20.92	8/1/10
1764	L8300	Truss single w/ standard pad		NO		NO			\$74.50	
1765	L8310	Truss double w/ standard pad		NO		NO			\$114.54	
	L8320	Truss addition to std pad wa		NO		NO			\$50.05	
	L8330	Truss add to std pad scrotal		NO		NO			\$49.59	
	L8400	Sheath below knee		NO		NO			\$14.49	
1769	L8410	Sheath above knee		NO		NO			\$16.49	

	А	В	С	D	Е	F	G	Н	I	J
1	MEDICAL	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedu	de 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	1/3/10; rev 12/1	l0; rev 1/1/1	1; REV 1/	1/13				
4	Red indicat	tes new codes or changes for the most of	2							
		d for rentals as indicated on the fee sch								
6	The appear	cance of a code on this fee schedule does	not guarantee	coverage.						
		y limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requi	ires a PA.							
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
1770	L8415	Sheath upper limb		NO		NO			\$16.40	
l		Prosthetic sheath/sock, incl. gel cushion							***	
	L8417	layer, below knee or above knee, each		NO		NO			\$58.17	
	L8420	Prosthetic sock multi ply BK		NO		NO			\$19.17	
	L8430	Prosthetic sock multi ply AK		NO		NO			\$21.08	
	L8435	Pros sock multi ply upper lm		NO		NO			\$18.93	
	L8440	Shrinker below knee		NO		NO			\$40.11	
	L8460	Shrinker above knee		NO		NO			\$55.81	
	L8465	Shrinker upper limb		NO		NO			\$49.75	
	L8470 L8480	Pros sock single ply BK		NO NO		NO NO			\$5.11	
	L8480 L8485	Pros sock single ply AK		NO		NO			\$7.04 \$8.50	
1700	L0403	Pros sock single ply upper l		NU		NU			\$8.50	
1781	L8499	Unlisted Misc prosthetic service	Y/ 12 months	YES		NO			MSRP-22%	
										rate set
1782	L8500	artifical larynx	Y/12 months	YES		NO			\$529.27	01/02/2007
				YES > 6						
				per						
			Y/if PA	calendar						effective DOS 7-
1783	L8501	Tracheostomy speaking valve	required	year		NO			\$112.12	1-09 and after

	Α	В	С	D	Е	F	G	Н	I	J
1	MEDICAI	D PROGRAM DME FEE SCHEDULE								
2										
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		, , , , , , , , , , , , , , , , , , , ,								
4	Red indica	tes new codes or changes for the most o								
		ed for rentals as indicated on the fee sch								
		rance of a code on this fee schedule does		coverage.						
7	If a quanti	ty limit is exceeded, a CMN & PA are re	quired.							
8	By current	regulation, any item \$500 or over requi								
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
l		Artificial larynx replacement								code effective
1784	L8505	battery/accessory, any type, each	Y/12 months	YES		NO			M	DOS 6/1/09
4705		Tracheo-esophageal voice prosthesis,							*** ** * * * * * * * 	
1/85	L8507	patient inserted, any type		NO		NO			\$27.18	
		Tracheo-esophageal voice prosthesis,								
4700	1.0500	inst. by lic. Health care provider, any		NO		NO			\$ 70.0 6	
	L8509 L8510	type Voice Amplifier		NO NO		NO NO			\$70.86 \$163.95	
1707	L8310	Insert for Indwelling T/E prosthesis with		NO		NO			\$105.93	
1788	L8511	or W/O valve replacement each		NO		NO			\$47.19	
1700	10311	Gelatin capsules or equ. use with T/E		110		110			ψ+/.17	
1789	L8512	prosthesis replacement only per 10		NO		NO			\$1.42	
	20012	Cleaning device used with T/E		1,0		110			Ψ1.72	
1790	L8513	prosthesis replacement only each		NO		NO			\$3.38	
		T/E puncture dilator replacement only							, , , , ,	
1791	L8514	each		NO		NO			\$61.19	
										rate set
										08/01/2007
		gelatin capsule application device for								removed from
1792	L8515	use with TE voice prosthesis, each		NO		NO			\$48.05	PA 10/08

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2										
3	Fee Schedu	ıle 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	/3/10: rev 12/1	0: rev 1/1/1	1: REV 1/	1/13				
					,					
4	Red indica	tes new codes or changes for the most of								
		ed for rentals as indicated on the fee scho								
		rance of a code on this fee schedule does		coverage.						
		ty limit is exceeded, a CMN & PA are re								
		regulation, any item \$500 or over requi								
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
		Headset/Headpiece for use with cochlear		_			_			PA removed eff
1793	L8615	implant device, replacement		NO		NO			\$329.19	8/1/10
		microphone for use with cochlear								rate set
1794	L8616	implant device, replacement		NO		NO			\$76.68	01/02/2007
		transmitting coil for use with cochlear								rate set
1795	L8617	implant device, replacement		NO		NO			\$66.97	01/02/2007
		transmitter cable for use with cochlear								rate set
1796	L8618	implant device, replacement		NO		NO			\$19.13	01/02/2007
		cochlear implant external speech								
1797	L8619	processor replacement	Y/ 12 months	YES		NO			\$6,281.98	
		Zinc air battery for use with cochlear								rate set
1798	L8621	implant device, each		NO		NO			\$0.45	01/02/2007
1,-00		Alkaline batt. For use with coch. Imp.							40.54	rate set
1/99	L8622	Device, any size,each		NO		NO			\$0.24	01/02/2007
		Lithium ion bottomy soch imm Desire								roto sot
1000	1 0622	Lithium ion battery coch. imp. Device		NO.		NO			¢47.01	rate set
1800	L8623	speech proc.other than Ear level, ea		NO		NO			\$47.21	01/02/2007
1801	L8624	Lithium ion battery for coch. imp. Device speech proc. Ear level, each		NO		NO			¢122 20	rate set 01/02/2007
1001	L0024	Device speech proc. Ear level, each		NU		NU			\$134.38	01/02/2007

	А	В	С	D	E	F	G	Н	I	J
1	MEDICAI	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedi	ıle 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	/3/10: rev 12/1	10: rev 1/1/1	1: REV 1/	1/13				
٣	T CC SCHCU	10 1/1/10/10/10/10/10/10/10/10/10/10/10/10/			1, 11, 17					
4	Dod indico	tes new codes or changes for the most of								
		ed for rentals as indicated on the fee scho								
		rance of a code on this fee schedule does		coverage.						
	•	ty limit is exceeded, a CMN & PA are re								
		regulation, any item \$500 or over requi								
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
										CMC 11 1
		Cashlan invalent automal annish								CMS added
1000	L8627	Cochlear implant, external speech	V/10	YES		NO			¢c 270 07	1/1/10; M pricing removed 11/1/10
1002	L8027	processor, component, replacement	Y/12 months	TES		NO			\$0,279.07	removed 11/1/10
										CMS added
		Cochlear implant, external controller								1/1/10; M pricing
1803	L8628	component, replacement	Y/12 months	YES		NO			\$1.128.41	removed 11/1/10
		r y y							1 7 21	
		Transmitting coil and cable, integrated								CMS added
		for use with cochlear implant device,								1/1/10; M pricing
1804	L8629	replacement	Y/12 months	YES		NO				removed 11/1/10
										01/02/2007 code
		auditory osseointegrated dev, ext. sound								added rate set
1805	L8691	replacer, repl only	Y/12 months	YES		NO			\$2,030.00	08/01/2007
4000	¥ 0 50 #	ext recharging sys for battery(ext) for				110			0.4.5	PA removed eff
1806	L8695	use with implantable neurostimulator		NO		NO			\$12.69	8/1/10
		Cranial remolding orthosis, rigid with								
1007	C1040	soft interface, incl. fitting/adjust. Custom		VEG		NO			3.7	
1807	S1040	fab. Pediatric	Y/12 months	YES		NO			M	

	А	В	С	D	E	F	G	Н		J
1		D PROGRAM DME FEE SCHEDULE					-			-
2										
		1 7/4/10 0/4/10 40/7/10 44	1/2/10 12/1	10 1/1/1	4 DEE/ 4/	1112				
3	Fee Schedi	ıle 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	1/3/10; rev 12/1	lu; rev 1/1/1	1; KEV 1/	1/13				
4		tes new codes or changes for the most of								
		ed for rentals as indicated on the fee sch								
6	• •	rance of a code on this fee schedule does		coverage.						
7		ty limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requi								
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
1 -			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
1,000	G0.40#	MEDICAL FOODS FOR INBORN	77/40	•						Effective DOS
	S9435	ERRORS OF METABOLISM	Y/12months	Yes		NO				1/1/3
1809	V2623	Eye Prosthetic, plastic or custom	Y/12 months	YES		NO			\$686.64	
1,040	X 10 60 4	Polishing/Resurfacing of Ocular		NO		NO			0.4	
1810	V2624	Prosthesis		NO		NO			\$46.57	D.A. 1. CC
1,044	V2625	Full control of Oct 1 or Post of the Control of the Control of Con		NO		NO			\$301.62	PA removed eff
	V2625 V2626	Enlargement of Ocular Prosthesis Reduction of Ocular Prosthesis		NO NO		NO NO			\$301.62 \$191.36	
	V2626 V2627	Scleral Cover Shell	Y/12 months	YES		NO			\$1,095.59	
1013	V 2027	Scierai Cover Sileii	1/12 monus	163		NO			\$1,093.39	PA removed eff
1814	V2628	Fabrication and Fitting of Ocular confor		NO		NO			\$250.49	
	V2629	Eye Prosthetic, other type	Y/12 months	YES		NO			\$125.00	
1816		Lyc i Tosthetic,other type	1/12 months	TES		110			Ψ125.00	
10.0		''M'' = Manually Priced								
1817		(manufacturer's invoice + 20%)								
1.5										
		"MSRP-22%" manufacturer's								
1818		suggested retail price -22%								
		r				1	1			

	А	В	С	D	E	F	G	Н	I	J
1	MEDICAL	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedu	ıle 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	1/3/10; rev 12/1	10; rev 1/1/1	1; REV 1/	1/13				
4	Red indica	tes new codes or changes for the most of								
5		d for rentals as indicated on the fee sch								
6	• •	rance of a code on this fee schedule does		coverage.						
7		ty limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requi								
			CMN expiration date for	Purchase PA &			Rental PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
		"MSRP-15%" manufacturer's								
1819		suggested retail price - 15%								
1820		RR indicates rental								
		CMN=Certificate of Medical								
		Necessity required for prior								
1821		authorized items								
			Medicare							
			applicable							
			CMN s must meet							
		Accepted CMN's are Medicare	regulatory							
		applicable or Medicaid MAP1000 &	requirement							
1822		MAP1000B	s							
1823		"PA" = Prior Authorization								
1023		1A - I HOI AUMOI IZAMON								
		PA, MAP-9, and CMN faxed to SHPS								
1824		at 1-502-429-5233 or 1-800-807-7840								

	Α	В	С	D	E	F	G	Н	I	J
1		D PROGRAM DME FEE SCHEDULE		_					-	
2										
3	Fee Schedu	ıle 7/1/10; rev 8/1/10; rev 10/5/10; rev 1	1/3/10; rev 12/	10; rev 1/1/1	1; REV 1/	1/13				
		, , , , , , , , , , , , , , , , , , , ,								
4	Red indica	tes new codes or changes for the most								
		ed for rentals as indicated on the fee sch								
6	The appear	rance of a code on this fee schedule does	not guarante	e coverage.						
7		ty limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requ								
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&		ъ .	
	Habaa	5	purchase or	CMN	T.	D . 1	CMN	D (1D)	Purchase	
9	HCPCS	Description Regulation, Fee Schedule, MAP-9,	rental	required	Limits	Rental	required	Rental Price	Price	date updated
		MAP-1000, MAP 1000B & MAP								
		1001 are located on the Web site								
		www.chfs.ky.gov/dms								
1825		www.cms.my.gov/ums								
		TA So Alexander St. 1144 - CAlexandra								
1826		It is the responsibility of the provider to check eligibility.								
1020		Limitation Over-rides must be								
1827		medically necessary and require PA.								
1027		meaning necessary and require 111								
		A prescriber's written order is								
		required for those items not identified								
1828		as requiring a CMN.								
1020		as requiring a Civity.				1				1